1	1	FOR - STATE REGISTRAR	DEP	ARTMENT OF HE	ALTH AND MENTAL HYC	GIENE O REG. NO.	10 21 34	
ANT TO		CEASED NAME FIRST	ent J.	Mc Is D'ATE OF	Adams		1-10-82	36. HOUR
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ter dent	10 0	lashington D.C.	U.S.A.			Prince 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V	Georges N 12h KIND OF	BUSINESS (
ed in by the do be filed with the post of the dotter with the post of the dotter with the post of the dotter with the post of	USC 13a	AL RESIDENCE (IF NURSING HONE OR STATE	anerican M	DEFORE ADMISSION	3d. INSIDE CITY LIMITS?	13e STREET ADDRESS		•
mpletely fille and 2 shault	14 F	ATHER'S NAME	G McAdams	chelli 1/e	YES NO DE S. MOTHER'S MAIDEN NA Laura May F	17003 Que	Ann Brid	u Ro
be execut an and co s. Pages 1	160	NAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES GIV NO			7. INFORMANT	ADDRESS	249-74 ne as abou	
that the death certificate d by the attending physici lease remove corban paper ial, cremation, or removal. or ather traumatic event, th		18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONS  (b)  DUE TO, OR AS A CONS  DUE TO, OR AS A CONS	EQUENCE OF	cerebral	hemorha se	ge	
is law requires in as been signe operated the properties of the pr	CERTIFICATION	PART 2 OTHER SIGNIFICANT O		TO DEATH BUT N	OT RELATED TO THE TERM	200 AUTOPSY?	206. IF YES, WERE FINDING IN CERTIFYING CAUSES O	GS USED OF DEATH?
PHYSICIAN: The ending physician this certificate he burial-transit in Amerial Hygier d or Item 18 share	MEDICAL CER	210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA OF FERMINER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	HOUR A.M. MONTH P.M.  ?16 PLACE OF INJURY	19	21c. HOW INJURY OCCUR 21I LOCATION SIREET	RED (ENTER NATURE OF INJURY I	IN ITEM 18 PART 1 OR PART 2]	STATE
OR ATTENDING he haspital ar attaining black and the property of the property o	W	WHILE NOT WHILE 1  770. I certify that (I) (the saw the deceased alive an above, (I) (una) (did) (did)  77b. SIGNATURE	Docember 5	rom Sep 1981, and	F: 19 80		ond hour and from the ca	ot (I) ( <del>us)</del> louses stated GNED
TO HOSPITAL retained by the TO FUNERAL should be defined with the State IMPORTANT:	23a	27d PHYSICIAN'S NAME (19PEO) SURIAL, CREMATION, REMOVAL SPECIFY) Cremation	23b. DATE		PHYSICIAN PHYSICIAN PHYSICIAN PHYSICIAN PHYSICIAN PHYSICIAN	DIRECTOR PHYSICIA	,D.C. °20002	51ATE
DHMH - 16 50M 1/BI (VRA 15, 4)	74 F	UNERAL DIRECTOR William Lee's S			250. DAT	E REC'D. BY REGISTRAR 25		enthen

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1	E.	KAMINER'S YPE OR PRIN	NAME Augu	sto P. Roc	irigh	ez, M.D	• _AE	DRESS_	5009	Rayb	ourn Ct	. Ter	mple	Hills	, Md.	
230	a. BUR	IAL, CREMA	TION, REMOVAL	23b. DATE	23c. N	AME OF CEME	TERY OR	CREMATO	ORY	23d. LC	OCATION OR TOWN		COUN	VIY	STATE	44
L			ation	1/26/82	Ft.	Linco	ln Cr			Br	entwood	1	P.	G.	Maryland	1
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3/ li-	FOR STATE		STATE OF MARYLAND OF HEALTH AND MENTAL HY AINER'S CERTIFICATE OF	DEATH	2544
	REGISTRAR CEASED NAME FIRST	WIDDLE	LAST	26. DATE KNOWN	MONTH DAY YEAR 25 HOUR
West 器tribed	PE OR PRINT!	0.	McFadden	OF ESTI-	I 14 19 82 M
3. SE	X 4 RACE 5. DA	TE OF BIRTH LAST I	(IN YEARS IF UNDER 1 YR. IF UNDER 2- IRTHDAY) MONTHS DAYS HOURS	4 HRS. 2c. DATE  MIN. PRONOUNCED  DEAD	MONTH DAY YEAR 24 HOUR 7.56
32 Table 1 1 10 10 10 10 10 10 10 10 10 10 10 10		TIZEN OF WHAT COUNTRY?		9 BALTIMORE CITY OR	
SZMA.	CONTRACT S	1. S.A.	WIDOWED DIVORCE		ge's County, MD.
STANDE VIOLE	(11	NOT IN SUCH FACILITY, GIVE STREET ADD	RESS)	120. USUAL OCCUPATION (TYPE OF FOR MOST OF WORKING LIFE)	WORK 12b. KIND OF BUSINESS OR INDUSTRY
The Device of the last	heverly P AL RESIDENCE (IF IN NULL HIPHOME OR OTHER		General Hospital (	empirer open	the None
AND	STATE COUNTY	13 CITY OR TO	YN 13d. INSIDE CITY LIMITS?	1825 - Killion	EPL. N.W.
- NENA ILE	other's NAME	. Mc fad	den Phillip	NAME MIDNIE	LAST
FMERO -	W AS DECEASED EVER IN U.S. ARMED FOR YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR	DRCES?  DATES!  16b. SOCIAL SEC	william William	cfallen-18	25-Killome Pl Nu
OURS AF 18. GIVI 3. WITH MIT. PAG E, DIVISI	18 CAUSE OF DEATH (Enter only one PART I DEATH WAS CAUSED BY:				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
HIN 24 HOUR LIN TEM 18. R ALONG WI VSIT PERMIT. HYGIENE, DI HYGIENE, DI	9650 IMMEDIATE CAL	DUE TO, OR AS A CONSEQUE		nandgun)	
ITHIN III IN IER A INSIT REMO	Canditions, if any, which				
HOULD BE EXECUTED WITHIN 24 HEW "ENDING". IN PENCIL IN ITEM HIEF MEDICAL EXAMINER ALON USED AS A BURIAL-TRANSIT PER OF HEALTH AND MENTAL HYGIEN RIAL, CREMATION, OR REMOVAL HIELATION	gove rise to immediate cause (a) stating the <u>under-lying cause lost.</u>	DUE TO, OR AS A CONSEQUE	NCE OF		
AS A BURI AS A BURI CREMATIO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIB	(c) UTING TO DEATH BUT NOT RELATED TO TH	E TERMINAL OISEASE OR CONDITION GIVEN IN PART	1 (a)	
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MORD "PE WORD "PE CHIEF A BE USED / BURIAL, BURIAL,					YES XX NO
THE WAREN	210 EXTERNAL CAUSE WAS  UNDERLYING XXOR  CONTRIBUTING ☐ CAUSE OF DEATH	1216. TIME OF INJURY est	YEAR 9 82 subject was s	LENTER NATURE OF INJURY IN ITEM 18 PAR	T FOR PART 2]
DED TO DEP TO DEPAR DEPA	21d. INJURY OCCURRED	21e PLACE OF INJURY (ATHO	ME, 21f. LOCATION		
A A A A A	AT WORK AT WORK	street, factory, farm, etc.]	12500 Ducketto	own Rd., Bowie,	Prince George's
CORWARDED FORWARDED TOR: PAGE 3 SH THE STATE DEPAAND, 21201 PRI	220. I certify that I took charge of th				n my apinian
EXAMINE CERTIFICA JID BE FO DIRECTOR WITH THE	death resulted from: Natural cau	ses , Accident ,	Suicide , Hamicide XX TITLE (SPECIFY)	Undetermined manner,	
A DUE	ACTUAL SIGNATURE MICHIGA	Dola	Assistant	MEDICAL EXAMINER	DATE 1-16-82
TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE ST. BATTIMORE, MARYLAND, 2		nia L. Dolan, N	1.D. ADDRESS	II Penn Street	
	BURIAL, CREMATION, REMOVAL 23b. DA	TE 23c. NAME O	F CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
DHMH - 17	UNERAL DIRECTOR	ADDRESS Wash.,	0.C.20002 25a. DATE RE	C'D. BY REGISTRAR 256. REGISTI	RAR'S SIGNATURE
A15 ME (5))	emuel R. Woodfork I	.H., 1722 North	Capt.St.	20 000 21	N. W. Ha

Select Date of the selection of the sele MANUAL AND ASSESSMENT OF THE PROPERTY OF THE P Bugget - Little Tuchen Fold H mouthing Milesand Maria Land Carlot Annie Maria Mar a range and you had been an impage 11420 Mg From 6 14 11.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Anne  Mary	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
Anne    Setter   Sett		WIDDLE	EAST		DAY YEAR 26 HOUR
The state of the s	The state of the s	Marv	M <sup>C</sup> Geehan	January 17.	1982 ha. CEAM
The State of the process of the country of the process of the proc	1. SEX			6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
BASING BENEFIT OF STATE OF S	Female	Caucasian	June 22. 1917	64	MOTHER DATE NOORS MIN.
CITY OF TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  12. STATE  13. STATE  14. STATE  15. STATE  16. STATE  17. STATE  18. STATE  19. STAT	MERTHPLACE ASSAULDS ON FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8	9 BALTIMORE CITY OR COU	NTY OF DEATH
11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION   THE PART OF MOST OF WORKER		U.S.A.			MD
STATE   STAT	E CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	ET ADDRESS)	TYPE OF WORK FOR MOST OF WORKIN	GLIFE) INDUSTRY
MADDIE CAST NAME  WILLIAM STATES NAME  WILLIAM STAT	BESTAL BESTSENER FOR THE MARSING HOME	Southern Marylan	d Hospital	Payroll Ller	K   D.L GOVT.
James Keating Cecilia Warkowski  Was deceased ever in u.s. armed forces? In Social security no. 17 Informant Johnes you Court  Was deceased of ever in u.s. armed forces? In Social security no. 17 Informant Johnes you Court  Was deceased of Death Enter only one course per limbrio in Joh, and icity  Part I Death Mas Caused 87  Interest Henter only one course per limbrio in Joh, and icity  Part I Death Mas Caused 87  Interest Henter only one course per limbrio in Joh, and icity  Part I Death Mas Caused 87  Interest Henter only one course per limbrio in Joh, and icity  Part I Death Mas Caused 87  Interest Henter only one course per limbrio in Joh, and icity  Part I Death Mas Caused 87  Interest Henter only one course per limbrio in Joh, and icity  Part I Death Mas Caused 87  Interest Henter only one course per limbrio in John and Interest Henter only one course per limbrio in John and Interest Henter only one course per limbrio in John and Interest Henter only one course in John and Interest Henter only one course of John and Interest Henter on John and	Maryland Cha	TIOC CITT ON TO	rf YES NO NO	Rt. #2 Box	185-1
SCAUSE OF DEATH Enter only one couse per line for (a) Aby, and (c)   PART I DEATH WAS CAUSED BY   IMMEDIATE CAUSE (a)   IMMEDIATE CAUSE (b)   IMMEDIATE CAUSE (c)   IMMEDIATE	FIRST		FIRS1		Warkomski
TO SECURE OF DEATH Enter only one couse per limptor to Abs, and IC PART I DEATH WAS CAUSED BY MARKEDIATE CAUSE (a).    MARKDIATE CAUSE (a).   MARKDIATE CAUSE (a).   MARKDIATE CAUSE (a).   MARKDIATE CAUSE (a).   MARKDIATE CAUSE (b).   MARKDIATE CAUSE (a).   MARKDIATE CAUSE (a).   MARKDIATE CAUSE (b).   MARKDIATE CAUSE (a).   MARKDIATE CAUSE (a	60 WAS DECEASED EVER IN U.S. A		URITY NO. 17 INFORMANT	7 DPRE TO VO	n Court
B CAUSE OF DEATH Enter only one cause per line for 101 b), and 101	WO CONTRACTOR OF THE PROPERTY	17A 577-36	-4745A Ann Mary	Rudy Walder	f, Maryland
OR CONTRIBUTING CAUSE OF DEATH  (IF ETHER NOTIFY MEDICAL EXAMINER)  P.M.  19  21d. INJURY OCCURRED  While Not while Alwork  Alwork Not while Alwork  22n. I certify that (I) (this begatable attended the pleceased from sow the deceased alive an above, (I) (subjected and hour and from the causes stated above	cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICAN	(c) GENERAL TO CONDITIONS CONTRIBUTING TO		20a AUTOPSY? 20b. (F	YES, WERE FINDINGS USED
OR CONTRIBUTING CAUSE OF DEATH  (IF ETHER NOTE WADICAL EXAMINER)  P.M.  19  21d. INJURY OCCURRED  WHILE AT WORK  NOT WHILE AT WORK  NOT WHILE AT WORK  220. I certify that (I) (thus be patch attended the deceased from sow the deceased olive an above. (I) (wo) (did not) view the body office death.  220. I certify that (I) (thus be patch attended the deceased from sow the deceased olive an above. (I) (wo) (did not) view the body office death.  220. Signature  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN Maryland  30. BURIAL, CREMATION, REMOVAL 23b DATE  (SPECIFY)  BUT 131  1-20-82  Resurrection  250 DA(FR) QLBY, REQISTRA 25b  DATE  250 DA(FR) QLBY, REQISTRA 25b  DEGREE  250 DA(FR) QLBY, REQISTRA 25b	RTIE			YES NO	YES NO
270. I certify that (I) (the hospital attended the peceased from 1982. to 1982, that (I) (writest saw the deceased alive on above. (I) (swell did) (did not) view the body (interdeath.)  270. I certify that (I) (the hospital attended the peceased from 1982, and that in (my) periopinion death accurred on the date and hour and from the causes stated above. (I) (swell did) (did not) view the body (interdeath.)  270. DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR		DEATH HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM	HS PART I OR PART 2)
saw the deceased olive on above, (1) (we) (did not) view the body office death.  19 22. Strid that in (my) foot opinion death accurred on the date and hour and from the couses stated  22b SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK			CITY OR TOWN	COUNTY STATE
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Clinton, Southern Maryland Hospital Maryland  Country State  Clinton, Maryland  Southern Maryland Hospital Maryland  Southern Maryland Hospital Maryland  Southern Maryland Hospital Maryland  Southern Maryland Hospital Maryland  Country State  Clinton, Maryland  Southern Maryland Hospital Maryland  Southern Maryland Hospital  Maryland  Southern Maryland Hospital  Southern Maryland Hospital  Southern Maryland  Southern Maryland  Southern Maryland  Clinton, Maryland  Southern Maryland  Southern Maryland  Southern Maryland  Clinton,  Southern Maryland  Southern Maryl	saw the deceased plive و abave, (۱) (مير) (طنط)		100 1110	2 to	
Burial, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION CITYOF TOWN  STATE  STATE  ADDRESS  1236 NAME OF CEMETERY OR CREMATORY 236 LOCATION  CITYOF TOWN  CLINCAL TOWN  CLINCAL OR BURIAL CREMATORY  STATE  ADDRESS  ADDRES	saw the deceased alive a above, (1) (aud) (did 22b SIGNATURE		DEGREE ATTENDING	_ MEDICAL STAFF	hour and from the couses stated
4 FUNERAL DIRECTOR 250 DATERRY D. BY REGISTRAR 256	sow the deceased alive a above, (1) (jun) (did 22b SIGNATURE		DEGREE  ATTENDING PHYSICIAN  22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED Clinton,
NAME ADDRESS	saw the deceased alive above, (1) [www. (did.) (did.) (did.) (22b SIGNATURE)	and we he body offer death. 19_	DEGREE  ATTENDING PHYSICIAN  220 ADDRESS  Southern	MEDICAL STAFF DIRECTOR PHYSICIAN  Maryland Hosp 23d Location	Clinton,
	sow the deceased office obove, (1) (pine) (did.) 22b SIGNATURE  PHYSICAN'S NAME  (SPECIFY)  Burial	aufway 1236 DATE 236	DEGREE  ATTENDING PHYSICIAN  220 ADDRESS  Southern  NAME OF CEMETERY OR CREMATORY	MEDICAL STAFF DIRECTOR PHYSICIAN  Maryland Hosp  133d LOCATION Clinton, F	Clinton, ital Maryland

Maryland

Waldorf,

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and coil should be detached for use as the burial-transit permit. Then please remave carbanpapers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Item 21 is marked ar Item 18 shows any

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Funeral Home

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2			STATE REGISTRAR		M	EDICAL	EXAMIN	ER'S C	ERTIFIC	CATEO	F DEA	TH	REG.	NO.	- "		9
		1. DEG	EASED NAME	FIRST		MIDDLE			LAST			20. DATE	KNOWN	MONT	H DAY	YEAR	26 HOUR
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m i	和基礎》	3. SEX		4. RACE	5. DATE OF BIRTI		6. AGE (IN YE.	ARS IF UN	DER 1 YR.	IF UNDER		2c. DATE		MONTH	DAY	YEAR	24 HOUR 3: 20
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ri i	PAGE 5 FUED, W.		Y OR TOWN		11. NAME OF HO	SPITAL, NUI	RSING HOME	, OR OTHE	R INSTITU	TION	12a USL		PATION (	TYPE OF WOR	12b. KI	ND OF BUS	
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ORE,	O S S S S S S S S S S S S S S S S S S S		oland				nkins		Lula			Bel			ayto	n	
request BALTIMORE,	FORM CON ON O	{YE	5, NO, OR UNKNO				IAL SECURIT		17. INFORA				ADDRE				
request BALTIMORE,	MAS ATTEK DEATH B. GIVE PAGES 1, WITH FORM PM T. PAGES 1 AND DIVISION OF WITH		Ces	WW I	1		-16-4	056	Lav	erne	McJ	unki	ns-S	Same			
	8 × × × × × × × × × × × × × × × × × × ×		18. CAUSE O PART I DE	F DEATH (Enter only ATH WAS CAUSED	y ane cause per lii BY:	ne far (o), (b)	ond(c).)	otic	card	iovasi	ופרוני	r dies	9256		BETY	PPROXIMATE WEEN ONSET	AND DEATH
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made a	CIL IN ITI		Condition	ns, if any, which	DOE 10, C	A A A CON	SEGOEINCE (	Jr.									
E A	N TRAINE	-		se to immediate stating the under-	(b)	R AS A CON	SEQUENCE (	) E									
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0 1	- STAR	20		denocarci								intes	tina	1 hem	orrh	age	
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Tad No	S F O O F S	SAL		OR NG CAUSE OF D	EATH P.	Μ.	19										
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	ZHE BEE		deoth results	ed from: Nature	ol couses X.	Accident	, Su	icide .	Hamie	ide,	Undet	ermined mo	onner _	].			
	A VEGER		ACTUAL	A.	, DV	),		1		PECIFY)				DAT	- 1/	7/19	82
	4 H B B B B B B B B B B B B B B B B B B	1	SIGNATURE.	/ Bugus	11.0	duy	us /	M.	D. Der	outy	MED	ICAL EXAM	AINER	SIGI	VED	207	
	UNE THE PROPERTY SHOWN FEE		EXAMINER'S	NAME ATTO	usto P.	Rodnie	uez N	D.		5009 E	2 avh	irn Co	nurt	Temr	Je H	2074	
	TO MEDICAL EXECUTE THE PAGE 4 SHOU TO FUNETAL AFTER DEATH BAITIMORE, N	1770 01	TYPE OR PRI	TION, REMOVAL   2:			IAME OF CE					CATION	- 42 0 9	r cuit	10 11		2300
		230.BC			1-7-82		nelte				CITY	OR TOWN	10.10		YTAUC	STA	ATE
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1	15M 2/80	110	04.10						*	-,,,,		NUL	A STATE OF			-de	

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2				FOR STATE REGISTE
	ge 4 m	director, page 3 hours ofter death		1. DECE ASED N (TYPE OR PRINT)  3. SEX  Fema
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STATE OF MARYLAND

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	1-	FOR STATE REGISTRAR		DEP		HEALTH AND MENTAL HYG	REG. N	0.	60	4 /
		CEASED NAME	FIRST	MIDDLE		LAST	20 DATE OF DEATH	MONTH D	AY YEAR	26. HOUR P
			EVELYN	J	MCQ	UEEN	January		0 82	2:55 M
	3. SE		4. RACE		S. DATE (	OF BIRTH H DAY YEAR	6 AGE IN YEARS LAST BE		ONTHS DAYS	HOURS MIN.
1		Female		ite		e 7, 1915	66	YRS		
6		RTHPLACE (STATE ORFO COUNTRY) orth Caroli		S.A.	TRY? 8. MARRIE WIDOWI	D NEVER MARRIED DIVORCED	PRINCE GEO	and the same of th		MD
4		CHEVERLY	PRIN	CE GEORGE	S GENE	RAL HOSPITAL	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O Waitress			of BUSINESS OR urant
I	13a. S Ma	ryland	P.G.	13c. CITY OR	BEFORE ADMISSION) TOWN Manor	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 3403 39th	. Ave.		
0		ATHER'S NAME FIRST Narles	WIDDLE	Jon		15 MOTHER'S MAIDEN NAME FIRST	WE		Jon	
		VAS DECEASED EVER II	N U.S. ARMED FORC		SECURITY NO.	17 INFORMANT	ADDR	SS Rt.#	1 Box	267
	No		(II ) ES, OIVE WAR ON DA	578-20	-6938	Edward Poyth	ress Sem	ora, N	orth Ca	arolina
The second		Conditions, if ony, gove rise to imm couse (a), stoling underlying couse	which ediote	O, OR AS A CONS  b) CONS  O, OR AS A CONS	EOUENCE OF	heart fail septal of	ure.			
	z					NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIVE	N IN PART 10	
	10		Monic	bilalal		eg ulcers.				
7	TIFICA	190 DATE OF OPERATI	ION 196 C	ONDITION FOR WI	HICH OPERATIO	N W AS PERFORMED	200 AUTOPSY?  YES □ NO ■	206. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	OF DEATH?
1	MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	AUSE OF DEATH HOL	ME OF INJURY IR A.M. MONTH P.M.	DAY YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM IS PA	RT 1 OR PART 2}	
	MEDI	21d. INJURY OCCURRI	(ATHO	ACE OF INJURY ME STREET FACTORY, OF	FICE, FARM, ETC.)	214. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		22a. I certify that (I) ( sow the deceased above, (I) (we) (di		1291	0.0	and that in (my) (our) opinion	to 1 30 death occurred on the d			that (I) (we) last couses stated
		226 SIGNATURE	10 11 1			DEGREE	uspis u		22t. DATE	SIGNED
		L. C	Elidas		N	1.D . ATTENDING PHYSICIAN	MEDICAL STA		1/31	11982.
		PADMAJA	ME (TYPE OR PRINT)	I.D.		PGGH/MC C	HEVERLY, MC			

IMPORTANT: If Item 21 is marked or Item 18 shows any 230 BURIAL, CREMATION, REMOVAL (SPECIFY) 23b DATE

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION
CITY OF TOWN
Wilson

Wilson

N.C.

DHMH - 16 50M 1/81 (VRA 15, 4)

TO HOSPITAL

should be detached for use as the burial-transit permit. I with the State Dept. of Health and Mental Hygiene prior

Maplewood Cemetery W. 25 DA BREQD. Burial
24 FUNERAL DIRECTOR Gasch's Sons F.H. P.A. Hyattsville, Md.

dannary 21 30 82 2155	IESONOM .	0 043	W.
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read - Religion, Berts Chentin	retrain beautiful accept	ne-into	0

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injury, or other troumotic

IMPORTANT: If them 21 is morked or them 18 shows ony

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

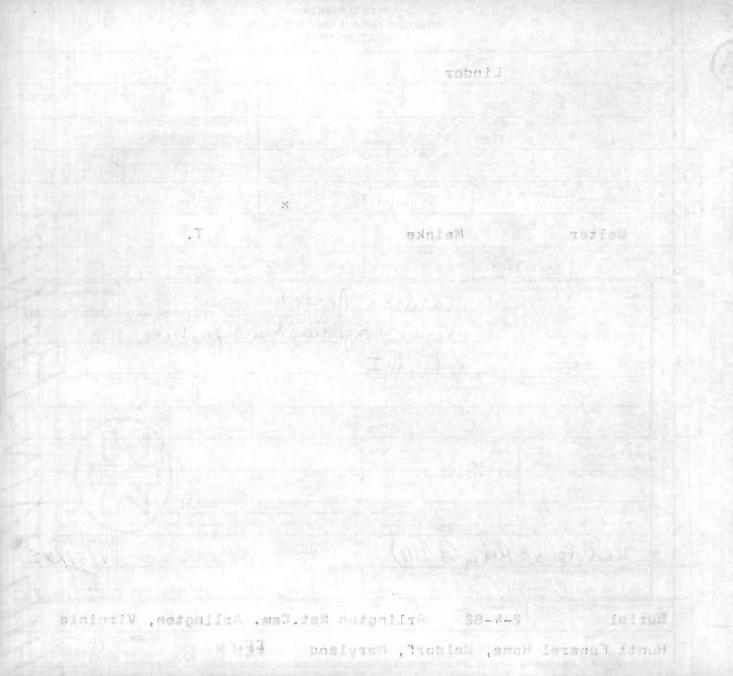
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		REGISTRAR			CERTII	FICATE OF DEATH	RF(	S. NO.			
ı		CEASED NAME FIRST		MIDDLE		LAST	20 DATE OF DEAT		DAY YEAR	2b HOUR	
	(1117)	WALTER	Lin	dor	M	EINKE	JANUARY	31,	1982	8:15 a <sub>M</sub>	
	3 SEX	X	4 RACE			OF BIRTH	6. AGE (IN YEARS LA	T BIRTHDAY)	MONTHS DAYS		
	MA	LE	WHITE			Y 26, 1929	52	Y	RS. MONTHS DAYS	ONTHS DAYS HOURS MIN.	
	7a BI	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 ** A A B D I I	D A NEVER MARRIED	9. BALTIMORE CIT	Y OR COL	INTY OF DEATH		
)		NNESOTA	UNITED	STATES	WIDOW	44	PRINCE (	GEORGI	E'S COUNT	Y MD.	
0		TOPEUC AER	IF NOT IN SUC	H FACILITY, GIVE STREET.	ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCU		ING LIFE) INDUSTRY	126 KIND OF BUSINESS OR INDUSTRY MILITARY	
2		DREWS AFB				EDICAL CENTER	DRIVER	-	MILLI	IARY	
>	130 S MA	RYLAND En		13c CITY OR TOW	N	13d. INSIDE CITY LIMITS?	13e. STREET ADDRE		)		
1	14 FA	ATHER'S NAME	MIDDLE	a LAST		15. MOTHER'S MAIDEN NA		I F		AST	
)		Walter		Meinke		LOLA	Т.		MOE	7	
1		VAS DECEASED EVER IN U.S. AT	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	AC	DRESS		100	
4	YE	S 194	7-1967	470-24-4	+651	ALICE MEINKE	, 207 ACAI	DIA RI	, WALDOR	RF, MD	
	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT	(b) DUE TO, OI	C Morus Prob.	e Conce		art fou	lur	R	Ho.	
	CERTIFICATION	190 DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	IN C	FYES, WERE FIND ERTIFYING CAUSE	S OF DEATH?	
	MEDICAL CERT	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d IN JUNY OCCURRED  WHILE NOT WHILE AT WORK  22a.1 certify that (1) (this hosp	P./ 21e. PLACE ( (AT HOME, STR	M. MONTH DA M. DF INJURY EET, FACTORY, OFFICE, FI	21c. HOW INJURY OCCURI		INJURY IN ITE	YES	COUNTY STATE		
	0	sow the deceosed olive or obove, (I) (we) (did) (did not	JAN 31 of) view the body OR PRINT)	ofter death.	82 USAF.	DEGREE  ATTENDING PHYSICIAN [ 22e ADDRESS  MC MALCOLM (		STAFF YSICIAN E	220. DAT	81/82	
		URIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	23d LOCATION		DAL CENTE	ER, AAFB M	
	BL	rial	2-4-8		ling		. Arling	iton.	Virgi	nie STATE	

DHMH - 16 50M 1/81 (VRA 15, 4) 24 FUNERAL DIRECTOR
Huntt Funeral Home, Waldorf, Maryland

DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



6	1	STATE OF MARYLAND  1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 2 0 2  CERTIFICATE OF DEATH									2 5	5 4 9	
	1.00	REGISTRAR CEASED NAME AND		miDOLE .	CERTIFICA	AIE UF	DEATH	I to DATE O	REG NG	wite DAY	HAK	96 1000118	
		Ruth	Cece	5000	RRTMAN			1100				A HOUR	
RA)	1.58		4. RACE	LLE ME	S DATE OF B	IRTH	No.	& AGE IN	LIATY		082 UNDER I HEAR	12:30	
40		Female	Caucas	sian	April	6	1913	68		YRS.	WING BAYS	HOURS MON	
10 2/a		IRTHPLACE (STATE OF FOREIGN)		WHAT COUNTRY?	MARRIED [	] NEVER	MARRIED []	7 BALTIMO	RE CITY OR C	OUNTYO	FDEATH		
A A		Washington, D.		HOSPITAL NURSIN	WIDOWED		STITUTION		cince G			BUSINESS O	
1 83		Lanham	19 NOT N 10	' Hospita	ADDRESS)		2211/2/11/2017	TYPE OF WOR	ter Aid	DEKING (H)	INDUSTRY	l Gov'	
BC BC	130.		OR OTHER NUMBERS	Woodbin	ADMESION:		NO 3		Davis				
1 4 5 TH	IKE	ATHER'S NAME	webit	140			RS MAIDEN NA		August		No. 100		
1000	1	William WAS DECEASED EVER IN U.S.	T.	Goodwin		INFORM	atherin		F.	0	Mary	man	
pundo oppor	1		SINE WAR OF DATES	578-07-0	W. C.		M. Has	lup 61	19 Davi				
11.1	-	III CAUSE OF DEATH (Errer	nels one count me	-			d Me			ine,	Maryla	end	
i sgred by the Then please re- to Eurial, even- rejury, or other	NO	gave rise to immediate critish at stating the underlying cause lost.  PART 2 OTHER SIGNIFICAN	(0)_	ONTRIBUTING TO		ot relate	D-TO THE TERM	NNAL DISEAS	E OR CONDITI	ON GIVEN	IN PART Ito		
ber ber	TIFICATION	194 DATE OF OPERATION	14 COND	ITION FOR WHICH	OPERATION V	VAS PERF	ORMED	20s AUT	NO X	IL IF YES, V CERTIFYIN YES	VERE FINDIN NG CAUSES	GS USED OF DEATH?	
10000	IL CERT	DE CONTRIBUTING CAUSE OF	The second of th	M MONTH DA	YEAR Z	L HOW	MJURY OCCUR	RED (ENTERN	THE OF WHICH IN	715×16 7481	L Dischard St.		
Name of Party of Part	MEDICAL	214 INJURY OCCURRED	21e PLACE	OF INJURY	19 21	LOCAT	ION		ik enganeene			The same	
the d	M	LYCEL D TOLLER	CAT HOME ST	HET STORY OFFICE.	0-	5160	^	. 0	CITY ON TOWN	,	COUNTY COUNTY	17.675	
A A A A A A A A A A A A A A A A A A A		22s.1 certify for is market	and Septendary	serversed from	Sec.	1	19.01	1990	n o	19	02	hat (II June)	
d for		stay of decoased a ventor	wew the body	rafter death.		DESCRIPTION OF THE	yl lauri opimon	deopleccur	d on the date	and hour o		water to be being	
1 Dep		Desel)	10000	1	DEC	THEE	ATTENDING PHYSICIAN [	MEDICAL	STAFF	are.	IN DATES	128	
HUNERA Id be de the 340t ORTANT	1	224 PATSICIAN'S NAME IN	- Celo	er)	22	e ADDRE		PEDINECTON	U PHYSICIAN	41.1	1/ -	7 0	
MPORT,		Benjamin S.	Pecson,	M.D.	6	106	Old Sil	ver Hi	11 Road	l, Dis	strict	Hgts.N	
-213	23a.	Burial CREMATION REMOV	1/6/82	Arl	ington	Nat'	1. Ceme		rlingto		vis		
		UNERAL DIRECTOR						THE RESERVE THE PERSON NAMED IN	EGISTRAR 25h				

Fermio Chucanin until 6 1913 6 Washin con, D.C. U.S. . Two farmers and the returned to the state of the country of . at wive fill a woodbine enidbeov liorate haste in the state of th Tre-7-0255 Longe E. Hastur Mockeins, Maryland Alvardate . Socilerano. will directions tofft a man COLD BEEN CERTIFICATION JUST mild of the transfer that the transfer to the Coorse P. Felam Pureral Howe (son Fill, ) d.

3	FOR	XIII TO THE REAL PROPERTY.		DEPART	STAT MENT OF I		ARYLAN AND MI		YGIENE	>	0 2	5 5	U
0 1		STRAR	ME		EXAMIN			CATE O	DEATH	H REG	. NO.		
6	1. DECEAS (TYPE OR PE		TS_CLIFTO	MIDDLE			AST DDT FT	ON		OF ESTI- DEATH MATED	_ 1 1	6 10 82	26 HOUR
(M)	3. SEX MALF	4. RACE	5. DATE OF BIRTH 17-03	YEAR	6. AGE (IN YEA 78 BIRTHDA YR	RS IF UNE	DER 1 YR.	IF UNDER 2		DATE NOUNCED	MONTH 1-1	DAY YEAR	1:40.
NEGE FUNER 5 FOR W PRESIDENT	FOREIGN	LACE (STATE OR COUNTRY)	76. CITIZEN OF WHAT COUNTRY?				RRIED NEVER MARRIED PRINCE GEOD						
W		TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OT				OTHER INSTITUTION 120. USUAL OCCUPATION (T FOR MOST OF WORKING LIFE)				OR INDUSTRY		
D. 21201 2, AND TOPE 3, AND TOPE 5, AND TOPE 6, AND TOPE 6, AND TOPE 7, AND TO	30. STATE	DENCE (IF IN NURSING DUIT		13€. CITY	BEFORE ADMISSIO OR TOWN		3d. INSIDE (I	_	13e STREET			Privat	:e
E, MD.: Sath. IF PM.3. WD2Sh	14. FATHER		MIDDLE		LAST		15. MOTHE	R'S MAIDEN	Route	MIDDLE		LAST	
BALTIMORE, MD. 21201 S. AFTER DEATH. IF ANY GIVE PAGES 1, 2, AND TH FORM PM 3: RETA PAGES 1 AND 2 SHOUL NISION OF WIAL RECO	160. WAS D	ECEASED EVER IN U.S. AR	MED FORCES?	16b. SOC	Leton CIAL SECURITY		7. INFORM			ADDR		Key andove	er Rd
	18 0	CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE		for (a), (b)	, and (c).)			ULAR I		lleton	hever	APPROXIMAT BETWEEN ONSE	MITERVAL
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUS RITING THE WORD "PENDING" IN PENCIL IN ITEM 18, ROBE TO THE CHEFFE MEDICAL EXAMINER ALONG W RES 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. E DEPARTMENT OF HEALTH AND MENTAL HYGIENE. OI PRIOR TO BURIAL, CREMATION, OR REMOVAL.		Conditions, If ony, which gave rise to immediate	DUE TO, OR	AS A CON	ISEQUENCE C	F							
, 201 W. UTED W. IN PEN. IN PEN. EXAMIL D MEN. TO MEN.		couse (o) stoting the <u>under-lying couse lost.</u> DUE TO, OR AS A CONSEQUENCE OF  (c)											
CORDS BE EXECUDING: NDING: NEDICAL AS A BUILD AS A BUIL	PART	PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10.											
SHOULD ORD "PE CHIEF A	CERTIFICATION 130°	DATE OF OPERATION	TION FOR WHICH OPERATION WAS PERFORMED?							20 AUTOPSY? YES □ NO 🛣			
SIVISION OF VITAL RI CERTIFICATE SHOULD RITING THE WORD "PE DOED TO THE CHIEF A E 3 SHOULD BE USED. E DEPARTMENT OF HE DI PRIOR TO BURRIAL, OF		EXTERNAL CAUSE WAS PERLYING OR PITRIBUTING CAUSE OF		. MONTH	DAY YEAR	21t HO	W INJURY	OCCURRED	(ENTER NATU	RE OF INJURY IN ITEA	A 18 PART I OR PART		
DIVISION  TO MEDICAL EXAMINER: THIS CERTIFIC EXECUTE THE CERTIFICATE, WRITING THE PAGE 4 SHOULD BE FORWARDED TO FUNEAL DIRECTOR; PAGE 3 SHOULD AFTER DEPARTING THE STATE DEPARTING THE STA	WEDICAL MOD MAN MAN MAN MAN MAN MAN MAN MAN MAN MAN	NJURY OCCURRED  ILE NOT WHILE [ WORK AT WORK	2) e PLACE C STREET, FACT	OF INJURY ORY, FARM, ET	(AT HOME,	211 LOC	ATION		CII	Y OR TOWN	COUN	ιΤγ	' STATE
WINER: T FICATE, BE FORW CTOR: P H THE ST (LAND, 2	2	2s I certify that I toak char	ge of the remains desirol couses	cribed obo		Autopsy	Hamici	Inspection		nquiry .	ond in my opin	iion	
AL EXAL HE CERT HOULD I HOULD TH, WITH, WITH	ACT SIGN	WAL Augu	15 to X	dig	(nov	M.D	TITLE (SF		MEDICAI	LEXAMINER	DATE SIGNED	1-17-82	2
MEDIC ECUTE T GEA SI FUNER TIER DEA	EXA/ (TYPE	MINER'S NAME AUGUS	sto P. Rod	righe	z, M.D	A	DDRESS_	009 R		Court,	Temple	Hills	848 , Md.
Bb	Bur	ial	236. DATE 1-21-198		tropo				23d LOCATOR TO	omonke	county v Shar	les M	TATE
DHMH-17 (VR A15 ME (5))	Thor	nton Funer			_		12	JAN	7919	82°232h	cas Stan	Thathe	~

STATE OF MARYLAND

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		1	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 6 2 0 2 5 2  CERTIFICATE OF DEATH  REG. NO.								
ge 3			CEASED NAME FIRST Beula	ah Bervine	Miller	20 DATE OF DEATH MONTH	23 82 7:40 P					
ge 4 moy	1	3 SE	× Female	4 RACE Caucasian	5. DATE OF BIRTH  MONTH DAY  Jan. 19, 1899	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS					
deoth. Po	83		IRTHPLACE (STATE OR FOREIGN COUNTRY)  Virginia	76 CITIZEN OF WHAT COUNTRY  USA		9. BALTIMORE CITY OR COUR	NTY OF DEATH					
by the fifted with	73	1	ITY OR TOWN OF DEATH Riverdale	Leland Memoria		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Housewife	126 KIND OF BUSINESS OR					
n 24 hour filled in hould be	33	130	Virginia Sh	or other institution give residence before UNTY   13t. CITY OR TON		S? 13e STREET ADDRESS Star Route						
ompletely	16		ATHER'S NAME FIRST  George	W. Funkhou	ser   Cather	MIDDLE	Strawderman					
be execu	3		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G NO.	ARMED FORCES? 16b. SOCIAL SEC GIVE WAR OR DATES) 213-74-		Craig, 14 Maplews Greenbelt	ood Court Maryland					
quires that the death certificat signed by the ottending physis her please remove carbon pop to burial, cremotion, or remove intro, or other fraumatic event.		N	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE  (b) ATHERDS  DUE TO, OR AS A CONSEQUE  (c) Mesch To	ENCE OF CLEROTIC CORD ENCE OF CHYONIC A C Ayley Embolism	THART ARTERY DIS TRIAL FIBRILLAT TO STATUS POST EXPLORMINAL DISEASE OF CONDITION	TION LORATERY LA PAROTON					
he low re- ion. hos been if permit. T iene prior	2	CERTIFICATION	190 DATE OF OPERATION 1-1-1982	Mesenfile Arloy	Embolism with Ga Small Bo	70g AUTOPSY? 20b IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \( \begin{array}{cccccccccccccccccccccccccccccccccccc					
PHYSICIAN: The ending physicio this certificate be buriol-tronsit ad Mentol Hygie don tem 18 should be the physician don tem 18 should be the physician don tem 18 should be the physician don t	7	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMIN	HOUR A.M. MONTH D	AY YEAR 19	CURRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2}					
		MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE.	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE					
OR ATTENDING e hospital or off DIRECTOR: After sched for use as it Dept. of Health o			saw the deceased alive o	pitol) ottended the deceosed from 1-23-19-	27 ond that in (my) (our) opin DEGREE	nion death occurred on the date and I	= 19 2 . that (I) (we) lost nour and from the couses stated					
TAL by th RAL Geto Stote	1		22d PHYSICIAN'S NAME HAVE	OKPRINI)	M.B.)BS ATTENDIN	MEDICAL STAFF N DIRECTOR PHYSICIAN -	Blvd, East					
TO HOSP retoined I TO FUNE should be with the		23a. E	IURIAL, CREMATION, REMOVA	1. 1017, M. 1. 1236. DATE 123c.	D AC	telphi M.D. 20	783.					
BP		(	Burial JNERAL DIRECTOR		inity United Ch	urch Basye Shei	county STATE nandoah Va.					
DHMH - 16 50M 1/B1 (VRA 15, 4)		(	" lems Hert	ADDRESS Woodst	ock. Virginia	FEB 4 1982 2	hand familian					

,5 -1 The state of the s Second No. 2 Appear 10. Control . No the Administration of the Control of the Contr L'altre de la company de la co - STATE

REGISTRAR

24 FUNERAL DIRECTOR

Nalley's F.H.Inc. Mt. Rainier, Md.

DHMH - 16 50M 1/B1

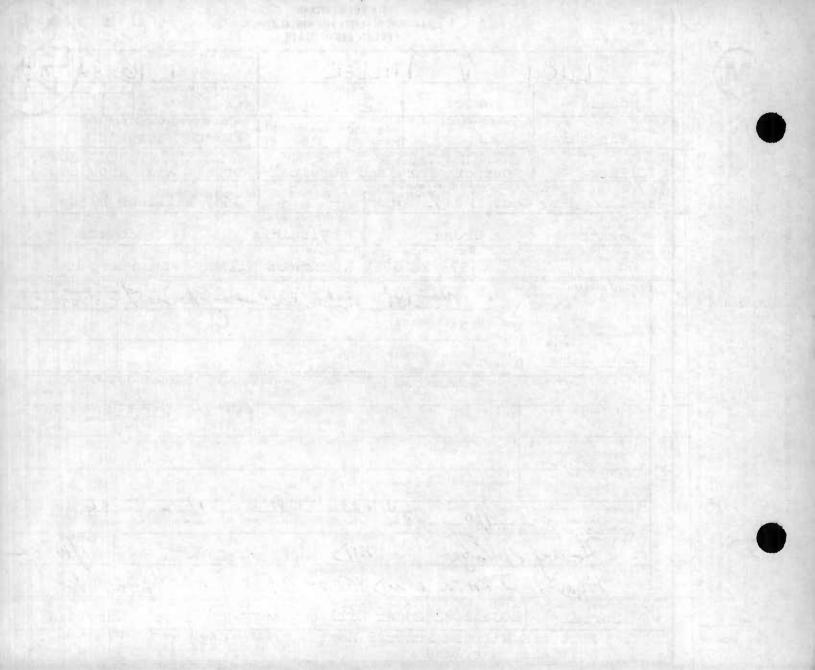
(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

tool=18-11 etime ele: Evolution of the control of the cont THE THE TRUE VIEW OF THE PROPERTY OF THE PROPE ALIE LIBERTH SHIPPING 2 VASIETS 2701 LONG TO THE PROPERTY OF THE PARTY OF THE PAR 23-21-1 13-21-1 - Mil - ( - ) - / -4 441 0.2 MARKET LANGE STORY MAN SON STORY switch . Down to the man to the state of the thirty of the second of the second of

		STATE OF MARTLAND								
1 - STAT	STRAR	DEPART	MENT OF HEALTH AND MEN CERTIFICATE OF DEA	TH	02004					
1 DECEASE		MIDDLE	1241	REG 2a. DATE OF DEATH						
(TYPE OR PRIN		V	11LLER	70. DATE OF DEATE	MONTH DAY YEAR 26 HOUR LO					
3 SEX		RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST	BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS					
F	emale	White	July 20 19	916 65	WONTHS DAYS HOURS MIN.					
	CE (STATE OR FOREIGN	6 CITIZEN OF WHAT COUNTRY?	MARRIED WEVER MAR	9 BALTIMORE CIT	Y OR COUNTY OF DEATH					
Virginia  10. CITY OR TOWN OF DEATH		USA	WIDOWED DIVOR	Prince	George's MD					
		11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET			ATION 12b. KIND OF BUSINESS OR INDUSTRYII OSP					
	inton	Southern Mar	yland Hospi		Nurse's Aid Providence					
USUAL RES	DENCE (IF NURSING HOME OR I	OTHER INSTITUTION, GIVE RESIDENCE BEFORE TY 13c CITY OR TOW		LIMITS? 13e STREET ADDRES	55					
Mary		Geo. Cap. H		□ 3907 B	illings Place					
14 FATHER			15. MOTHER'S MA	AIDEN NAME						
E/ / T		D TOTAL	T7 i rc	ginia	Sowers					
Aug 3,07	ester	Brown		ginia						
16a WAS DI	CEASED EVER IN U.S. ARA	WAR OR DATES)			DRESS					
N	O (IF YES, GIVE	578 26	1767 Alexan	der Miller	Same as #13					
18. C	LISE OF DEATH (Fator only	y and source par lies for to 1 this on	die A		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
P	RT I. DEATH WAS CAUSED	y one couse per line for (a), (b) on BY:		and warring of						
ě	IMMEDIATE	CAUSE (o) 7ELAN	ON JOUNT	corcinewo th	BRECH 57EARS					
	749	DUE TO, OR AS A CONSEQUE	NCE OF	0						
Cone	itions, if any, which	( ih)								
gove	rise to immediate (a), stating the	)								
	rlying couse lost	DUE TO, OR AS A CONSEQUE	NCE OF							
0		( (c)								
	2. OTHER SIGNIFICANT CO	onditions <u>contributing to 1</u>	DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR CO	ONDITION GIVEN IN PART 1101					
:	TE OF OPERATION	186 CONDITION FOR WHICH	OPERATION WAS PERFORME	D 20a AUTOPSY?	206. IF YES, WERE FINDINGS USED					
9 2	TE OF CIETATION		OTERATION WHOTER ORME		IN CERTIFYING CAUSES OF DEATH?					
				YES NO	YES NO					
21a 4	CIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH D	21c HOW INJUR	Y OCCURRED (ENTER NATURE OF I	NJURY IN ITEM 18, PART 1 OR PART 2)					
VICEO	NTRIBUTING CAUSE OF DEAT HER, NOTIFY MEDICAL EXAMINER)	P.M.	19							
- Y	JURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION							
¥ while	□ NOT WHILE □	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) STREET	CITY OR	TOWN COUNTY STATE					
		ol) ottended_thpe_deceosed from_	U414 25	9.8/ 10 11	16, 19 82, that (1) (we) lost					
50	w the deceased alive on_	//15	2 , and that in (my) (our	r) opinion deoth occurred on the	e date and hour and from the causes stated					
	GNATURE (did) (did not	view the body after death.	DEGREE		TV DATE SIGNED.					
	Howe	A Kota	MAIN ATTE	NDING MEDICAL S	TAFF 1/16/82					
22d. P	YSICIAN & NAME (TYPE OR	PRINT)	22e ADDRESS	1 ( 1	11 11 11 1					
	HOUSE	4-KATZE N	MN 6575	Role Rest Ad	· Hy He elle Mel					
100	MARVEY			00000	المالي المالي					
Z3a. BURIAL (SPECIFY)	CREMATION, REMOVAL		NAME OF CEMETERY OR CREA		COUNTY					
	Burial	20Jan1982 Ce	dar Hill Ce							
24 FUNERA	DIRECTROBERT	E Wilhelm Fun	eral Home	250 DATE REC'D BY REGISTR	AR 256 REGISTRAR'S SIGNATURE					
	Suitlan			UMIT 4 1 1304	giral jaulhans					

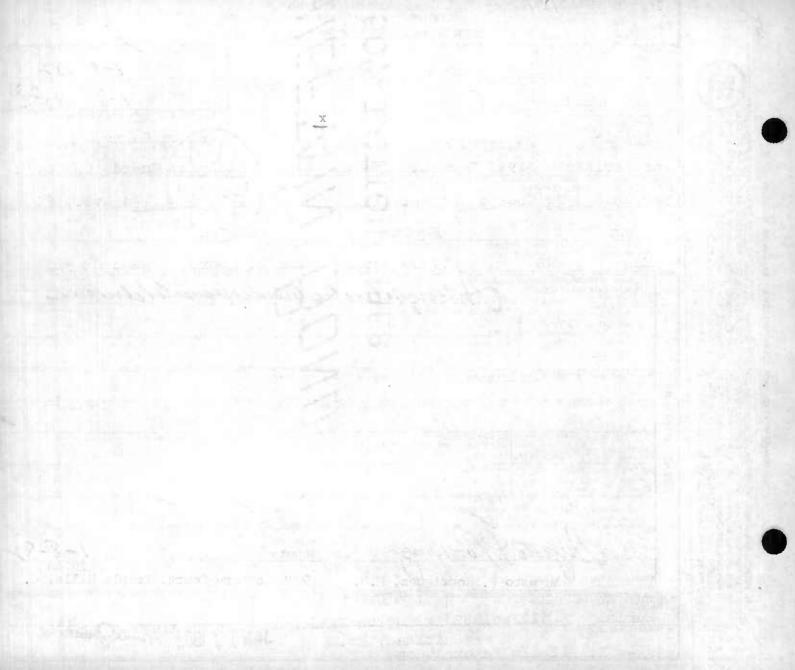


STATE OF MARYLAND

FOR

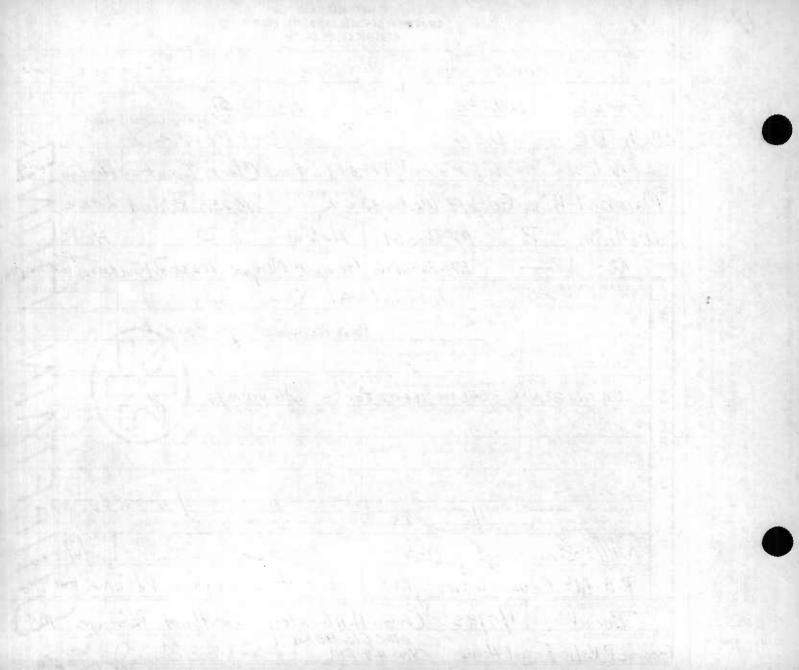
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·b. 'os .vr.) no.						 

1		tem o goos For STATE	+ 2/17		DEPARTMENT C	F HEALTH	IARYLAND I AND MENTAL I	66.74	0 2	5 5 5
3 /		REGISTRAR		ME		INER'S C	ERTIFICATE	OF DEATH R	EG. NO.	
		CR PRINT)	FIRST		WIDDIE	4	LAST	20. DATE KNO OF EST	TI- L	DAY YEAR 26 HOUR
	3. SEX	14. RAC	Will.	i am	Arden	MOO	ore	DEATH MAT	ED	8 19 8 2 M
		lale Whi		Dec 7,	YEAR LAST BIR	THDAY} MONTH		R 24 HRS. 2c. DATE PRONOUNCED DE AD	1-6	F 230
A LA	7a. BII	THPLACE (STATE OR	LCC	76. CITIZEN OF W		3YRS.	ED NEVER MARI	A RAITIMORE	CITY OR COUNTY	OF DEATH
NECESS. V. PREST		rginia		USA		WIDOW			e Georg	S MD.
YY IS NE THE FU FILED, V	10. CI	Y OR TOWN OF DE	ATH	11. NAME OF HOS	SPITAL, NURSING HO	55}		12a. USUAL OCCUPATION FOR MOST OF WORKING L	N (TYPE OF WORK 1	OR INDUSTRY
SE PATOLE		restvill			ochelle IVE RESIDENCE BEFORE ADM		e #4	Security	Guard	US Gov't
ANY I ANY I ANY I ANY I ANY I ANY I AND 3 PETAIT HOULD	13a. S1	ATE	136. COUNT	TY	13c. CITY OR TOW	N	136. INSIDE CITY LIMITS?			
D. 2. A. A. S. S. A. A. L. S.		ryland THER'S NAME	Pr	George	Foresty	ille	YES NO L	THE RUC	helle Av	ve., #4
PATH PAN PAN PAN PAN PAN PAN PAN PAN PAN PAN		unk		WIDDLE	Moore		FIRST	Unknown		LAST
MOR PAGI NO ORM	16a. W	AS DECEASED EVER	IN U.S. ARM	AED FORCES?	166. SOCIAL SECU	RITY NO.	17. INFORMANT		DDRESS	
S AFTER D GIVE PAG TITH FORM PAGES 1,		Yes	WWL	THE ORDERICS)	577 03	4052A	Diana :	D. Moore	Same a	as #13
ST., 8 OURS OURS WIT. P		18 CAUSE OF DEAT	TH (Enter only	y one cause per liv	or (gt. (b), and (c).)	1.	r 000	diovercus	0.1.1.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ON TENT		4199		E CAUSE O	A CONSTOURN	Contract of the	u cen	acoverseur	er our	ise
PRESTON THIN 24 H THIN 24 H THIN 11 TH THIN 24 H TH		Canditions, if		1 501 10, 0	HS H CONSEQUEN	- S. S. S.				
W. W. WILL		gave rise to cause (a) stating	g the <u>under-</u>	DUE TO, OF	AS A CONSEQUEN	E OF	E LINE			
ZUTED IN PEXAL ID ME		lying cause last		(c)						
L RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201  ULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS I "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FI EMBICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE SED AS A BURIAL - TRANSIT PERMIT. PAGES OF WELL AND 2 SHOULD BE FILED. HEATH AND AENTAL HYGIEINE, DIVISION OF MICHAEL RECORDS, 201 M. AL, CREMATION, OR REMOVAL.	N	PART 2 OTHER SIGNIFICAL	NT CONDITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE	ERMINAL DISEASE	OR CONDITION GIVEN IN P	ART 1 (a		
TAL RECC HOULD BE HOULD BE HIEF MED USED AS, OF HEALT	CERTIFICATION	19a DATE OF OPER	ATION	19b. CONDI	TION FOR WHICH O	PERATION W	AS PERFORMED?			20 AUTOPSY?
ST S	TE		115					YES NO P		
DIVISION OF VITAL RE RE: THIS CERTIFICATE SHOULD ATE, WRITING THE WORD." PEI DRWAGED TO THE CHIEF W RE: PAGE 23 SHOULD BE USED. RE: STATE DEARTMENT OF HEA ID, 21201 PRIOR TO BURIAL, C		210 EXTERNAL CAU UNDERLYING  CONTRIBUTING		21b. TIME O HOUR A.A	A. MONTH DAY Y	EAR 21c. HC	DW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART	2)
CERTI CERTI CERTI CERTI CEPA CEPA CEPA	MEDICAL	21d. INJURY OCCUR		21e PLACE	OF INJURY (AT HOME		CATION TREET	CITY OR TOWN	COUN	ITY STATE
D THIS WRI			VORK						/	
TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2			_		scribed above, held o		sy . Inspection	on Inquiry I	ond in my opin	iran
EXAMI CERTIFI ULD BE DIRECT WARYLY		death resulted from	n: Nature	al causes	Ascident ,	Suicide	, Hamicide	Undetermined monner		
MAN WAN	13	ACTUAL SIGNATURE	XLOUS	to the	digues		Deputy	MEDICAL EXAMINER	DATE	1-8-82
PE SH	-		1	11	11.0		7000			20748
TO MEDIO EXECUTE PAGE 4 1 TO FUNE PATER DE		EXAMINER'S NAME (TYPE OR PRINT)	Aug	<del></del>	lodriguez,	M.D.	ADDRESS 009 R	ayburn Court	, Temple	Hills,Ma.
DA PERO	(5	IRIAL, CREMATION, F			23c. NAME OF			23d. LOCATION CITY OR TOWN	COUNTY	Y STATE
BP		Burial INERAL DIRECTOR		12Jan198	32 Arling	ton N	lational	Arlingto	n RESTRARY SE	NATURE OF THE
DHMH - 17 (VR A15 ME (5))	-	NAME		ADDRESS	Suitland	l. Md.		AN 1 3 1984	Manua of	Manager of State
15M 2/80	LRO	bert -	MITTE	LIII FIINE	eral Home	3				



	1	_					ARYLAND		-200	100	,
		FOR STATE					AND MENTAL H	100 000	0 3	2 3 3	1
		REGISTRAR	FIRST	ME		INEK'S C	ERTIFICATE O	RE	G. NO.		
1		CEASED NAME E OR PRINT)	PIKSI		WIDDLE		LAST	26. DATE KNOW OF ESTI-	N MONI	H DAY YEAR	26 HOUR
E.	-		FRANC]			MORE		DEATH MATE	0 1	26 1982	
	3 SE)		4. RACE	5. DATE OF BIRTH	6. AGE (IN	HDAY) MONTH	DER 1 YR. IF UNDER	24 HRS. 2c. DATE MIN PRONOUNCED	MONTH	DAY YEAR	24 HOUR
	MA		CAUCASIA		1904 77	YRS.		DEAD	1	26 19 82	2 / HW
6	FC	RTHPLACE (ST		76. CITIZEN OF W	HAT COUNTRY?	8. MARRI	ED NEVER MARRI	ED . SALTIMORE C	ITY OR COU	NTY OF DEATH	7
2		RYLAN		U.S.A.		WIDOW	ED DIVORC		GEORGE	E'S	MD
_	10 CI	TY OR TOWN	OF DEATH	CIENOT IN SUCH E	SPITAL, NURSING HO	123		12a USUAL OCCUPATION		OR INDUS	USINESS
10			Heights	2020 Ga	ither Stre	eet (R	ESIDENCE;	SUPERVISE	R	CONSTRI	JCTIO
50	13g S	L RESIDENCE	tim com	JTY	LISC CITY OR TOWN		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			THE STATE OF
2	M	ARYLAN	D PRI	VCE GEOR	GES HILL	CREST	HTECH12	2020 GAIT	HER S	TREET	
-	14, F/	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDE	MIDDLE	15	LAST	
0			AR		RELAND		CATHER			BURCI	4
1	160. V	VAS DECEASEE	DEVER IN U.S. AR	MED FORCES?	166. SOCIAL SECU	RITY NO.	17. INFORMANT	ADD	RESS	- 154	
		VO			- 577-12	-8828	MARJORIE	L. MORELA	IND, S	AME AS	13
		18. CAUSE OF	F DEATH (Enter or ATH WAS CAUSE	D BY	far (a), (b), and (c).)		-3,26-32			APPROXIMA BETWEEN ONS	TE INTERVAL
		PARTIDE		TE CAUSE (a) AT	terioscle	rotic	cardiovasc	ular disease			
Ş		42	72		AS A CONSEQUENC	CE OF					
VATION, OR REMOVA	-	Canditiar gave ris	is, it any, which	(b)							
-			stating the under-		AS A CONSEQUENC	E OF					
		lying cao	se iasi.	(c)							
		PART 2 OTHER ST	SNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE T	ERMINAL DISEASE	OR CONDITION GIVEN IN PAI	RT 1 (a).			
	Š		eling s	Snow							
7	3	19a. DATE OF	OPERATION	196 CONDI	TION FOR WHICH OF	PERATION W	AS PERFORMED?			20 AUTOPS	(?
7	Æ									YES 🗆	NO X
5	MEDICAL CERTIFICATION	21a. EXTERNA UNDERLYING	L CAUSE WAS	21b TIME O HOUR A.A		AR 21c HC	W INJURY OCCURRE	D LENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR	PART 2)	
)	CAL	CONTRIBUTIN	NG CAUSE OF								
	VEDI	216 INJURY C		21e PLACE	OF INJURY (AT HOME,		CATION	CITY OR TOWN		COUNTY	STATE
	2	AT WORK	NOT WHILE [					CIII OK IOWN			STATE
		22g. 1 certif	v that I taak chare	ge of the remains de	scribed abave, held ar	Autap:	sy , Inspection	, Inquiry	and in my	apinian	
		death resulte	,	ral causes X,		Suicide	Hamicide .	Undetermined manner		apinun	
		Geom resolle	1	1		Joicide [	TITLE (SPECIFY)	Ondetermined manner			
		ACTUAL SIGNATURE_	Mysa.	1500	Locher	9/	Deputy	MEDICAL PULLULA	DAT	E 1/26/1	982
1		SIGNATURE	1	1	// /	^	.0	MEDICAL EXAMINER	SIGI	NED	
2		EXAMINER'S I	NAME Augus	sto P. Roc	riguez. M.	.D.	ADDRESS 5009	Rayburn Court	. Temp	ole Hills	, Md.
	23a.B		ION, REMOVAL		123r NAME OF C	CEMETERY O	R CREMATORY				
	15	TOMBM	and the same of th	1-29-82	RESURI	RECTI	ON MAUSOL	234. LOCATION  EUM CLINTO	N.P.G	. MARYL	AND
	24. F	JNERAL DIREC	TOR			75 (19)	250. DAJE	REC'D. BY REGISTRAR 256.	REGISTRAR'S	SIGNATURE	
	HI	INTT F	UNERAL	HOME . W	ALDORF, I	MARYL		B 2 1987	France (	Jan Marc	Som .
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эктизиты и динтэкон manufical consciones afrest in house BURTI TOMERRE SENE, LALDON, MRRYEANT ...



	REGISTRAR ECEASED NAM	AE F	FIRST	WIDDLE		CERTIFICATE O		REG. NO.	MONTH	DAY YEA	R Zh HOUR
(1)	(PE OR PRINT)	1.	ohn	C+	even	Morris	OF DEATH	ESTI-	1	30 19 82	12 .1001
3. SE	X	4. RACE	5. DATE O	OF BIRTH	6 AGE (IN YEARS IF U	INDER I YR. IF UNDER			MONTH	DAY YE	7**
	Male	White	e Tan	8,195	MON	NTHS DAYS HOURS	MIN. PRONOUNG	CED	1	30 198	2 AHOUR 5:35 2 a M
7 70. E	OREIGN COUNTRY	STATE OR	7b. Critze	EN OF WHAT CO	UNITOWO IA	RIED NEVER MARRI	9. BALTIMO	RE CITY OR	COUNTY		
	shing		C US	SA		WED DIVORCE		ince Ge	eorge	e's Co	untv. MD
10. 0	ITY OR TOWN	OF DEATH	II NAM		NURSING HOME, OR OT	HER INSTITUTION	12a USUAL OCCUP	ATION (TYPE OF	F WORK	26 KIND OF OR INDU	BUSINESS
Ch	everly		Prin	ce Georg	e's General	Hospital	Electric		le lW		
USU 13a.	AL RESIDENCE	(IF IN NURSING	COUNTY		NCE BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	13e. STREET ADDRES		per		
	larylar	nd	Pr Geor		restville	YES NO		restvi		Road	
14. F	ATHER'S NAM	E	MIDDLE		LAST	15. MOTHER'S MAIDE	NNAME	DDLE		LAST	
4_	John		н.		Morris	Dollie		R.	Sh	iffle	ette
160.	WAS DECEASE	DEVER IN U	J.S. ARMED FORCES, GIVE WAR OR DATE		OCIAL SECURITY NO.	17 INFORMANT	Mother	ADDRESS			
	no			21	4 72 3591	Dollie R.		Sam	ne a	s #13	
		) stating the use last.	under- DU	(b) JE TO, OR AS A CO	ONSEQUENCE OF						0
TION	PART 2 OTHER S	use last.	IOITIONS CONTRIBUTING	(c)Stab	ELATEO TO THE TERMINAL DISEA	ASE OR CONDITION GIVEN IN PAR	Tla			20 411700	CV2
FICATION	PART 2 OTHER S	use last.	IOITIONS CONTRIBUTING	(c)Stab	ELATED TO THE TERMINAL DISE/	ndomen	T 1 70			20 AUTOP	
ERTIFICATION	PART 2 OTHER S	GIGNIFICANT CON	NOTIONS CONTRIBUTION  198  VAS 216	E TO, OR AS A CO  (c)  6 TO DEATH BUT NOT R  Stab  6. CONDITION FO	SELATED TO THE TERMINAL DISEASE SOLUTION OF ALL OF WHICH OPERATION  Y 1216	ndomen		IRY IN ITEM 18 PAR	RT 1 OR PART	YES C	
CAL CERTIFICATION	PART 2 OTHER S  19a. DATE O	FOPERATION  AL CAUSE W	NOTIONS CONTRIBUTION 198 VAS 21b	(c)	SELATED TO THE TERMINAL DISEASE OF STREET	odomen. WAS PERFORMED?	DLWI TO STUTEN PSTUBJ			YES [	
NEDICAL CERTIFICATION	lying co PART 2 OTHER S  19a. DATE O  71a EXTERN UNDERLYING CONTRIBUT	FOPERATION  ALCAUSE W  G CAUSE W  ING CAUSE	NOTIONS CONTRIBUTION  198  VAS 216  SE OF DEATH	Stab. CONDITION FO	MOUND OF ALL OF THE PERMINAL DISEASE OF WHICH OPERATION OF THE DAY YEAR 100/82 Sul	odomen.  WAS PERFORMED?  HOW INJURY OCCURRED  Diect stabbe	ed then st	ruck by	y aut	YES (2)	₹ но 🗆
MEDICAL CERTIFICATION	lying co PART 2 OTHER S  19a. DATE O  71a EXTERN UNDERLYING CONTRIBUT	FOPERATION  ALCAUSE W  G CAUSE W  ING CAUSE	NOTIONS CONTRIBUTION  198  VAS 216  SE OF DEATH	Stab. CONDITION FO	TH DAY YEAR 21C. F 30/82 Sul	odomen was performed? HOW INJURY OCCURRED bject stabbe	ed then st	ruck by	y aut	YES [	₹ но 🗆
MEDICAL CERTIFICATION	Iying co PART 2 OTHER S  19a. DATE OF  71a. EXTERN UNDERLYING CONTRIBUT 71d. INJURY OF WHILE AT WORK	FOPERATION  AL CAUSE W  G OR  ING CAUSE  OCCURRED  NOT WHI  AT WORK	NOTIONS CONTRIBUTION  198  VAS 716  H SE OF DEATH 716	Stab. CONDITION FO	MOUND OF ADDRESS OF THE FERMINAL DISEASE OF THE FERMIN	Didomen.  WAS PERFORMED?  HOW INJURY OCCURRED  Diect stabbe  DIECT Stabbe  CATION  STREET  1201 L'Ashim  Homicide X.  Homicide X.	contenuature of injured then st	Laure and ir	y aut	YES Co.	X NO□
MEDICAL CERTIFICATION	lying co PART 2 OTHER S  19a DATE O  21a EXTERN UNDERLYING CONTRIBUT 21d. INJURY WHILE AT WORK  22a   cert death result	FOPERATION  AL CAUSE W  G OR  INGCURRED  OCCURRED  NOT WHI  AT WORK	VAS 216 SE OF DEATH 216  LLE 216	Stab. CONDITION FO	TH DAY YEAR 30/8,2 Sul RY (AT HOME, M.ETC.) En S treet Subseque betal on Automatical Structure of the street Subseque betal on Automatical Subseque betal on Subseque	Didomen.  WAS PERFORMED?  HOW INJURY OCCURRED  Diect stabbe  OCATION  STREET  1201 Tashing  Momicide X  Homicide X  MELL PECIFY)  Modern Pecific Address of the	ed then st	ruck by Laure , and in	y aut	YES Co.	X NO□
	PART 2 OTHER S  19a DATE O  21a EXTERN UNDERLYING CONTRIBUT 21d, INJURY WHILE AT WORK  22a   cert death result ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRI	FOPERATION  AL CAUSE W  G POR ING CAUS  OCCURRED OCCURRED OCCURRED OCCURRED OCCURRED OCCURRED OCCURRED IN THE OCCURRED O	N 198  VAS 216  SE OF DEATH 216  Thomas	E TO, OR AS A CO	TH DAY YEAR 30/8,2 Sul RY (AT HOME, M.ETC.) En S treet Subseque betal on Automatical Structure of the street Subseque betal on Automatical Subseque betal on Subseque	Didomen.  WAS PERFORMED?  HOW INJURY OCCURRED  Diect stabbe  DIECT Stabbe  DIECT STABBET  DIECT STABBET  Mamicide X  Mamicide X  ADDRESS	ed then st  ton_Blvd.  Inquiry  Undetermined mar  fmedical exami	ruck by Laure , and in	el Pount my apir	YES Co.  NITY Co.  MD.	Md. STATE
230.8	PART 2 OTHER S  19a DATE O  21a EXTERN UNDERLYING CONTRIBUT 21d, INJURY WHILE AT WORK  22a   cert death result ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRI	FOPERATION  AL CAUSE W  G OR  INGCURRED  NOT WHI  AT WORK  If the from  NAME  INT)  NAME  INT)	VAS 216 SE OF DEATH 216  Thomas  DVAL 236 DATE	E TO, OR AS A CO  (c)  Stab  CONDITION FO  TIME OF INJURY  OUR A.M. MON  12 + 2.M. 1  PLACE OF INJURY  OUR A.M. FACTORY, FARR  DAT THE	TH DAY YEAR 21C. 17 30/82 Sull RY (AT HOME. M.ETC.) The Day YEAR Sull RY (AT HOME. M.ETC.) The Day bettle on Auto- The Day Head of CEMETERY	Didomen.  WAS PERFORMED?  HOW INJURY OCCURRED  Diect stabbe  DIECT STABB	ed then st  ton_Blvd.  Inquiry  Undetermined mar  ##EDICAL EXAMI    Penn St.    1384 LOCATION   CITY OR TOWN	Laure  Laure  ond  ner  Balt	DATE SIGNED	YES Co. nion 1/30 MD.	Md. STATE

15M 2/80

	1.	FOR STATE REGISTRAR			DEPA	RTMENT OF H	E OF MARYLA LEALTH AND N LICATE OF D	ENTAL HYG		EG. NO.	2 5	8.0
7		CEASED NAME F	IRST	MI	DDLE	- 7	IAST	3	20 DATE OF DE	ATH MONTH	DAY YEAR	26 HOUR
		ID	Α		R.	M	OSES			01-19	-82	1.30P.M
	3. SE	X	4.1	RACE		5. DATE C		VEAD	& AGE INYEARS	LAST BIRTHDAY}	IF UNDER 1 YEAR	IF UNDER 24 HRS
		emale		Black		20NT	30	ď2	79	YRS	DATS	MODES MIN.
7-1		IRTHPLACE (STATE OR FORE	IGN 76	CITIZEN OF W	HAT COUNT	RY? 8	D NEVER M	ARRIED -	9 BALTIMORE	ITY OR COUNT	Y OF DEATH	
		outh Carol		U.S.A		WIDOWE	DX DIV	ORCED [	PRINCE	E GEORGE	'S COUN	TY MD.
74		TY OR TOWN OF DEATH		(IF NOT IN SUCH	FACILITY, GIVE ST	REET ADDRESS)	ERAL HOS		120 USUAL OCC (TYPE OF WORK FOR Housev	MOST OF WORKING	IFE) INDUSTRY	of Business or
35	13a. Ma	ryland P		ER INSTITUTION G		EFORE ADMISSION)	13d INSIDECT	IY LIMITS?		ress Courtne	y Plac	e
100		ATHER'S NAME FIRST Wesley	MIDI	_	obert		15. MOTHER'S Ma	maiden nan hazie		DDLE	Unknow	n n
1	(	WAS DECEASED EVER IN YES, NO OR UNKNOWN)	U.S. ARME IF YES, GIVE W. N/A	AR OR DATES)		ECURITY NO. 2-8838	17. INFORMAN			000ssCou andover	, Mary	land
		Canditians, if any, w gove rise to immed cause (a), stating	hich liote the last.	DUE TO, OR  DUE TO, OR  DUE TO, OR  (c)	AS A CONSE	QUENCE OF	NOI RELATED		( a e.e.	CONDITION G		IMATE INTERVAL OMSET AND DEATH
4	CERTIFICATION	190 DATE OF OPERATIO					N WAS PERFOR	100	20a AUTOPSY	? 20b. IF YE	S, WERE FIND!	NGS USED
9		210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER NOTIFY MEDICAL	SE OF DEATH	21b. TIME OF HOUR A.M P.M	. MONTH	DAY YEAR	21c HOW INJ	URY OCCURR	ED (ENTER NATURE			
	MEDICAL	21d. INJURY OCCURRED  WHILE AT WORK  AT WORK		21e PLACE O	F INJURY ET, FACTORY, OFF	ICE, FARM, ETC )	211 LOCATIO STREET	٧	CIT	Y OR TOWN	COUNTY	STATE
		270 I certify that (I) (the saw the deceased a obave, (I) (we) (did) 170 SIGNATURE 171 PHYSICIANS NAME A TO	is hospitol) alive an (did not) vi	/-/9 iew the body o	-82 1	9, or	DEGREE AT	aur) apinian a	Death accurred an MEDICAL DIRECTOR F	STAFF		
	24 FI	BURIAL, CREMATION, REA (SPECIFY) BURIAL UNERAL DIRECTOR NAME	MOVAL	23b. DATE 1/24 In	/82 c.	Churc 600 K	h Ceme	tery Stan	23d LOCATIO CITY OR TO Bishot REC'DUBY-REGIS		Sout!	STATE
	R.	N. Horton C	o. M	ortic:	ians	Wash.D	.C.200	11	0 130	Promo	0	

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

21-10-12 1.30P.M.

FRINCE GEORGE S GENERAL HOSPITAL

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FOR

STATE OF MARYLAND

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Wilhelm

4308 Suitland

Rd., Suitland, Md.

24 FUNERAL DIRECTOR Robt E

Funeral Home

DHMH - 16 50M 1/B1 (VRA 15, 4)

STATE OF MARYLAND

25 HOUR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO F

STATE

HOURS

HOURS.

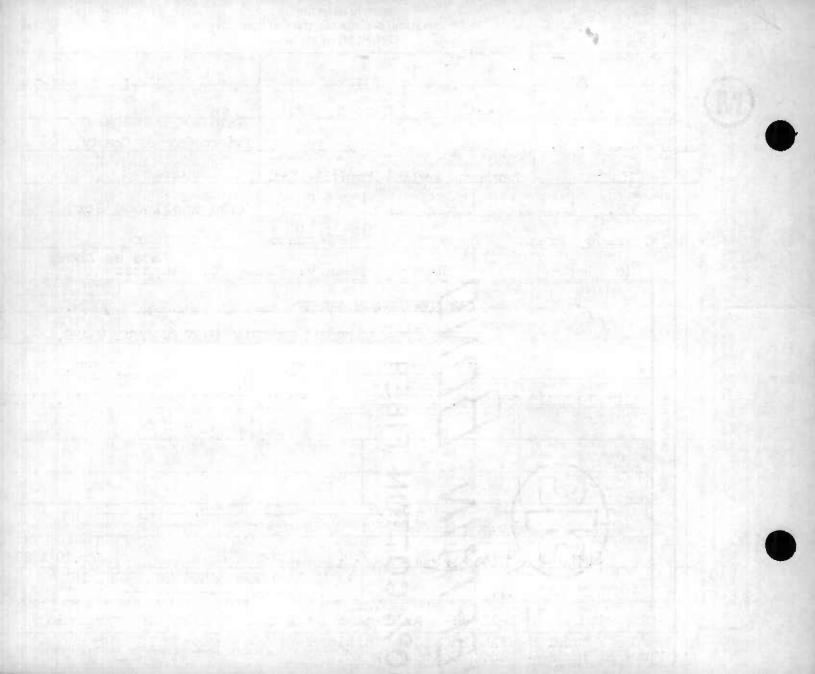
COUNTY

PEGISTRAR DE REGISTRAR SIGNATURE

22c. DATE SIGNED

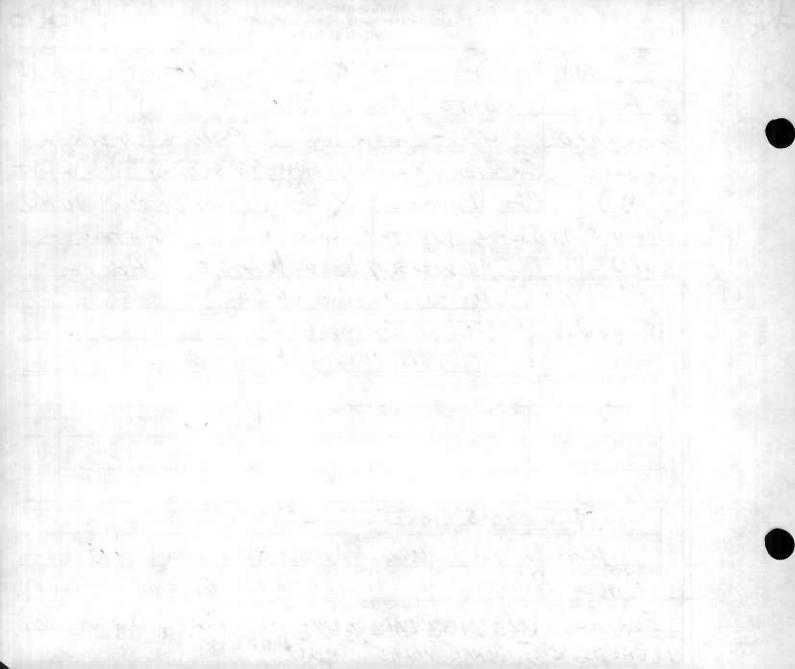
Jan. 19 1982

INDUSTRY



1		REGISTRAR CEASED NAME E OR PRINT)	FIRST		MIDDLE	E EJE	LAST		2	a. DATE I	KNOWN ESTI-	MON		YEAR	2b H
XSES.			EUT		ck		CHOLS			DEATH	MATED		1-12	-82	7
	3. SEX	LE	WHITE	5 DATE OF BIRTH	1912 6. AGE (IN THE PARTY )	YEARS IF UN HDAY) MONTH	DER 1 YR.	HOURS		RONOUN READ	ICED	- /J	H DAY	1981	12/3
MATERIAL STATES	Sö	RTHPLACE (STA	lina	U.S.A		8 MARRI WIDOW	ED NE	VER MARRI	ED MI	Prin		_		DEATH	
933380	0	Clinto	n	( IF NOT IN SUCH FAC	PITAL, NURSING HOADING, GIVE STREET ADDRESS HOSP. CENT	5)	ier institu	TION	12a. USU.	AL OCCUP OST OF WORK	ATION (T	TYPE OF WOR	Fa	IND OF BU OR INDUST Ctor	ISINE: RY <b>y</b>
F ANY D F AND 34 RECORD	1130.5	TATE  arylan	TUL COUN		RESIDENCE BEFORE ADMIS 134, CITY OR TOWN	· ·	13d INSIDE C	ITY LIMITS?	13e STRE	et addre	\$\$ 31				Ų
ESTH PAN SAN SAN SAN SAN SAN SAN SAN SAN SAN S	14. FA	THER'S NAME FIRST	ипа	MIDDLE V •	tast		IS. MOTH	ER'S MAIDE	NNAME		IDDLE			LAST	
TON ST., BALTIMORI 124 HOURS AFTER DE. 11TEM 1B. GIVE PAGE: ALONG WITH FORM TOPERMIT. PAGES 1 AP FORENE, DIVISION OF OVAL.	16a. V	AS DECEASED S. NO. OR UNKNOW ND	EVER IN U.S. AR	MED FORCES? WAR OR DATES)	249-01-		Bern		С. W	ille	ADDRE		as	13	
MITHIN MCIL IN MCIL IN MER A MER A MENSIT MER HY MER HY REMC	-	gave rise	, if any, which	(b)	AS A CONSEQUENC				•						
I. RECORDS, 201 W. PRE JID BE EXECUTED WITHI "PENDING" IN PENCIL I. F. MEDICAL EXAMINER F. AEDICAL EXAMINER ED AS A BURIAL - TRANU HEALTH AND MENTAL! PLACE I., CREMATION, OR REA	CATION	gave rise cause (a) s lying caus	ta immediate training the under- e last.  NIFICANT CONDITIONS  Century	(b) DUE TO, OR (c) CONTRIBUTING TO DEATH B	AS A CONSEQUENCE  AS A CONSEQU	E OF	Legli	1 can	Ri I Ia	he. y	aeffi	lebec		/	13
DIVISION OF VITAL R HIS CERTIFICATE SHOULU WRRITING THE WORD "P ARDED TO THE CHIEF- AGE 3 SHOULD BE USED ATE DEPARTMENT OF HE TOOI PRIOR TO BURIAL,	MEDICAL CERTIFICATION	gave rise cause (a) s lying caus  PART OTHER SIGN  19a. DATE OF (  21a EXTERNAL  UNDERLYING	of the immediate stating the under- elast.  NIFICANT CONDITIONS  OPERATION  CAUSE WAS  GENERAL COFECURRED	(b) DUE TO, OR. (c)  19b. CONDIT	AS A CONSEQUENCE  WILL HOT RELATED TO THE TE  CALLACT  ION FOR WHICH OP  WHILL DAY YE  MONTH DAY YE  190	RMINAL DISEAS	Legli	MED?	ler			18 PART I OR	20.	ALIA  AUTOPSY' YES	n. Mrs
SHOULD ORD "P CHIEF USED IT OF HE SURIAL,"		PART OTHER SIGN  190. DATE OF CONTRIBUTION  210. EXTERNAL  UNDERLYING CONTRIBUTION  210. INJURY OF WHILE AT WORK	NIFICANT CONDITIONS  CAUSE WAS  CAUSE WAS  CAUSE OF  CAU	(b) DUE TO, OR. (c)  (c)  19b. CONDIT  19b.	AS A CONSEQUENCE  WILLIAM RELATED TO THE TE  CALLACT  ION FOR WHICH OP  WONTH DAY YE  WONTH DAY YE  FINJURY (AT HOME,  ORY, FARM, ETC.)  Cribed abave, held an	RMINAL DISEAS  ERATION W  211 LO  Autop  Suicide   M	OW INJURY CATION STREET	MED?  OCCURRENT  Inspection  ide   PECIFY)	D (ENIER N. D.)  LE IL  LAME  Undete	CITY OF INJUING OF INJ	URY IN ITEM RISTORY INTER INTER INTER	Die Land in my DAA SKG	county apinian	YES - 12 - 12 2074	Nes -8

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FOR - STATE

## STATE OF MARYLAND DEP

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250 110				

REGISTRAR		CERTIFICATE OF DEA	REG. N	10.
1 DECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH	
	ARON ROSE O'C	CONNELL	JANUARY	10. 1982 7:50P
I.SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST B	IRTHDAY) IF UNDER TYEAR IF UNDER 24 HR
FEMALE	CAUCASIAN	JAN 23 19	730 5	YRS.
THE BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARI	Prince	OR COUNTY OF DEATH George's
WEST VIRGINIA	11. NAME OF HOSPITAL, NURSIN	WIDOWED DIVOR	CED []	N
Lanham	Doctors' Hospit	(al of Pr. Geo.	(TYPE OF WORK FOR MOST	
130 STATE 136 CO	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR UNITY 134 CITY OR TOW		IMITS? 13e. STREET ADDRESS	
MARYLAND PE	. mrchellu	ILE YES NO	□ 11106 ELON	Ct.
14 FATHER'S NAME	MIDDLE	15. MOTHER'S MA	IDEN NAME	
WALTER	- White			LAWSON
160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SECT		ADDR	
(YES, NO OR UNKNOWN) (IF YES, NO	A 236-46-C	1997 Edward	O'CONNEL SAM	EAS# 3E
	anly one cause per line for (a), (b), ar	nd (c		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAU	('22'0'1'	ac Arrhythmi	a (Clinical)	
I I I A S C	ATE CAUSE (a) CATATA		u (0==1120u=)	
4737	DUE TO, OR AS A CONSEOU	ENCE OF		
Conditions, if ony, which	( chron	ic Asthma (C	linical)	
gove rise to immediate cause (a), stating the	S DUE TO OR AS A CONSTOL	5,105,05		
underlying cause last.	DUE TO, OR AS A CONSEOU	ENCE OF		
PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT BELATED TO	THE TERMINAL DISCUSSION OF CO.	
Z O TREK SIGNIFICAN	CONDITIONS CONTRIBUTING TO	DEATH BOT NOT RELATED TO	THE TERMINAL DISEASE OR COR	IDITION GIVEN IN PART 110
U 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORME	D 20a AUTOPSY?	20b IF YES, WERE FINDINGS USED
₹			YES X NOT	IN CERTIFYING CAUSES OF DEATH?
210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	121r HOW IN HIP	Y OCCURRED (ENTER NATURE OF INJ	YES NO
		AY YEAR	· OCCOMED (ENTER NATURE OF IN)	JAT IN TEM 18 PART I ORPART 2)
OR CONTRIBUTING CAUSE OF E		19		
21d INJURY OCCURRED	21e. PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE.)	FARM, ETC.) 211 LOCATION STREET	CITY OR TO	OWN COUNTY STATE
WHILE NOT WHILE AT WORK				
220.1 certify that (1) (this has	pital) attended the deceased fram_	. 1	9, ta	, 19, that (I) (we) la
saw the deceased alive abave. (1) (we) (did) (did)	nat) view the bady after death.	and that in (my) (our	) opinion death accurred an the c	dote and hour and Iram the couses stated
226. SIGNATURE	0/ - 1	DEGREE Paul	Slogist	22c. DATE SIGNED
MACH	Ty Cende of	ATTE	NDING MEDICAL STA	
22d. PHYSICIAN'S NAME (TYP	OR PRINT)			al of Pr. Geo. Co.
M. A. Na	ndedkar, M.D., Pa			nham, Md. 20706
230 BURIAL, CREMATION, REMOVA	L 23b. DATE 23c	NAME OF CEMETERY OR CREA	MATORY 23d. LOCATION	COUNTY STATE
Burial	14 Jan 1982 MI	D VETERANS CEN	DETERY CHELTENH	

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR, Affer this certificate has been signed by the attending physics should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law

IMPORTANT: If Item 21 is marked or Item 18 shaws any

24 FUNERAL DIRECTOR GRANT F. H. 9013 ANNAPOLI'S Rd. LANHAM Md

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Francis Gasch's Sons Funeral Home, P.A.

Hyattsville, Maryland

- STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

12:30AM

(Son)

NO []

STATE

- 01-27-82 12136N	195VLIO	.a ARUAI	
	78dt. 10, 1900		- TAYAY
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	tion the training	825	13.3
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different p.q. thousand			
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## FOR - STATE

STATE OF MARYLAND HEALTH AND MENTAL HYGIENE

	23.3	REGISTRAR				CERTII	ICATE OF DEATH	REG.	NO.		
		CEASED NAME	FIRST		MIDDLE	l	AST	20. DATE OF DEATH	MONTH C	AY YEAR	26 HOUR
21	{ I YPE	OR PRINT)	MARY	L	OUISE	0.5	SBORNE	Januar	y	16-82	1:55p
	3 SE	X		I. RACE		5. DATE C		6. AGE (IN YEARS LAST B		IF UNDER 1 YEAR	IF UNDER 24 HRS
		Female		White	e	11	02 188		YRS.	AONTHS DAYS	HOURS MIN.
		RTHPLACE (STATE OR	FOREIGN 7	L CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY			
4/		shington.	D.C.	U.S.A		WIDOWE		PRINCE	E GEOR	GE	WE
0.		TY OR TOWN OF DE	ATH				OR OTHER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOS			F BUSINESS OR
70	2	SUITLAND		SUIT	TAND" NUI	RSING	HOME	Housewife		Own	Home
35	130. S	AL RESIDENCE (IF NO STATE ARYLAND	136 COUNTERS	GEO.	JPPER W	ARLB(	RED NO [	13. STREET ADDRESS	CHTON	STRE	ET
	14. FA	THER'S NAME					15 MOTHER'S MAIDEN	AME			
OB	B.	ZACHARY	~	IDDLE	HUNT		KATHE	RTNE		Ward	ST
		VAS DECEASED EVE			166 SOCIAL SECUI	RITY NO.	17 INFORMANT		RESS Addr	ess Sa	me as
1	()	YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	212-74-	4967	Barbara D.	Maxwell	No#	13e.	
		18 CAUSE OF DEA	TH (Enter onl	y one couse per	ሮ <b>ል</b> ጽክተስም	TT MO	NARY ARRES	η		BETWEEN HOU	MATE INTERVAL
		1 AKT I. DEATH	IMMEDIATE	CAUSE (a)	OMIDIOI	OHI4O.	WILL BUILD	_		1100	1/10
		4149	1	DUE TO, O	R AS A CONSEQUE	NCE OF					
		Conditions, if an		(b)_	SEVERE .	ATHE	ROSCLEROTI	C CORONAR	HEAR	T DIS	.YEARS
		cause (a), stot underlying cou	ing the	DUE TO, O	TEFINS BA	STLA	R PNEUMONI	A		DAY	s.
	NO	PART 2. OTHER SIC CHRON					NOT RELATED TO THE TE			EN IN PART 1	a)
-	CERTIFICATION	190. DATE OF OPER	ATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN	
2	TE			4000				YES NO	_	S	NO [
9		218. ACCIDENT WAS U OR CONTRIBUTING [ (IF EITHER, NOTIFY MED	CAUSE OF DEAT	n e	FINJURY M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCC	JRRED (ENTER NATURE OF IN	JURY IN ITEM 18, P	ART 1 OR PART 2]	
s morked or nem	MEDICAL	214. INJURY OCCU		21e. PLACE			211. LOCATION STREET	City OR T	OWN	COUNTY	STATE
9 17		220.1 certify that ( sow the decea above, (I) (we)	sed olive on_	Jan.	16 19	Мау 82 , .,	16 , 1980 nd that in (my) (our) opinio	to Jan		r ond from the	that (I) (we) los
		22b. SIGNATURE	Data	View the body			DEGREE M.D. ATTENDING		AFF _	22c. DATE	.16'82
		22d. PHYSICIAN'S	AME (TYPE OR	PRINT	4		122e. ADDRESS 7900			SUIT	E 101
5		P	ETER	W.YIM	M.D.		CLIN	TON, MARYL	AND 20	735	
\$							1			100	

BP. DHMH - 16 25M

TO HOSPITAL

(VR A 15 (4) ) 9/74

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Jan. 19, 1982 Burial

23b. DATE

231. NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cemetery

23d. LOCATION CITY OR TOWN Brentwood

P.G.

Maryland

24 FUNERAL DIRECTOR

F. Gasch's Sons F.H. P.A. Hyattsville, Maryland JA

REGISTRAR 256. REGISTRAR'S SIGNATURE

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Metropolitan Funeral Service, Alexandria, Va.

FOR

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/81 (VRA 15, 4) STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

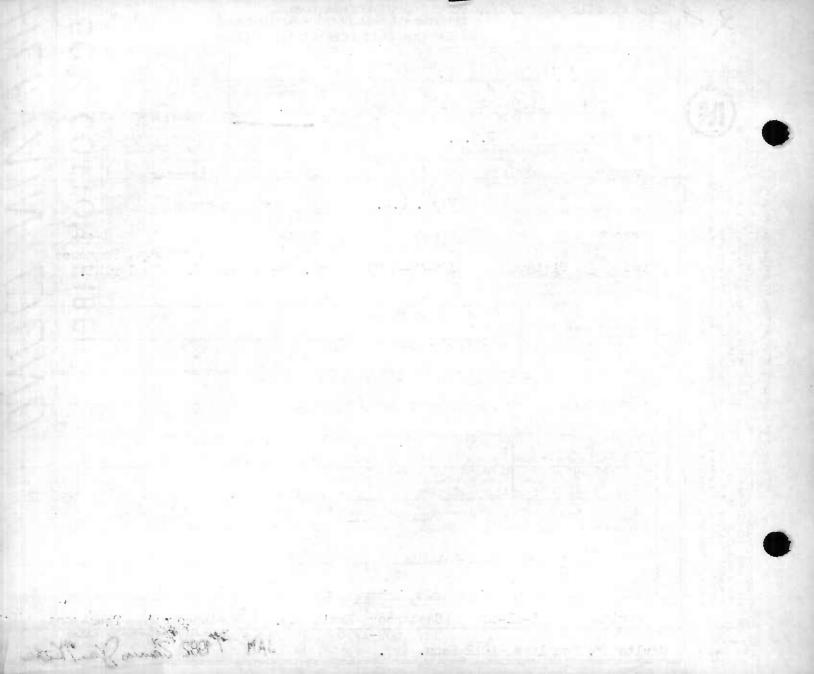
71 25 82 SAS A A CHARLE cale Caucasian Oct. 1, 1 12 Vashington, D.C. U.S.A. HIGH DATE EN PREPARENCO (FREE PREVENS) Telephone on. Trivate 1101 53rd. 21. argland Prince Georges Bladensburn x William Vernen Figs 980 57 -03-7618 Delores Smith 111 Autumn Ct., Juntingtonn, 1.

Re •val 1-26-22 Georgetorn •lical School, Washington, J.C. etropolitan Funeral Service, Alexaniria, Va.

STATE OF MARYLAND

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18.55.85 1.		REGISTRAR CEASED NAME E OR PRINT)	Phillip		DICAL EXAMI		last ace	IE OF DE	2a. DATE KN	STI-	NTH DAY YEAR	2b. HOUR
RECTOR. PILES. Y SIREET,	3. SEX		CE   5. E	DATE OF BIRTH	6. AGE (IN	YEARS IF UI	NDER 1 YR. IF L	UNDER 24 HRS	2c. DATE PRONOUNCE DEAD	MON D	NTH DAY YEAR	14 HOUR 5:46
	7a B1	RTHPLACE (STATE OR REIGN COUNTRY)	ack 7b.	CITIZEN OF WE	47 34	8. MARR	=	MANINED D	9. BALTIMOR	_	UNTY OF DEATH	
TO THE FUNCTION TH	10 CI	ennessee TY OR TOWN OF DE Chever I y	P	rince Ge	PITAL, NURSING HOL	neral		FO	Prince SUAL OCCUPAT R MOST OF WORKING  1abo	G LIFE)		USINESS
WITH FORM PM 3. RETAIN P. WITH FORM PM 3. RETAIN P. T. PAGES I AND 2 SHOULD BE DIVISION OF WITH RECORDS,	13a S	AL RESIDENCE (IF IN IN TATE	OUNTY	HER INSTITUTION, GE	13c CITY OR TOWN	5510N)	13d. INSIDE CITY LI	MITS? 13e ST	REET ADDRESS			
P PM 3.	14. FA	THER'S NAME FIRST Earnest	MI	DDIE	Pace		15 MOTHER'S FIRST Rosi				Smith	
H FORM AGES 1./ ISION O	16a. V	VAS DECEASED EVER	R IN U.S. ARMED (IF YES, GIVE WAR Vietna	OR DATES)	166 SOCIAL SECUR		17. INFORMAN	IT	Chatá	nooga,	Tennesee	
A ITEM I ALONG IT PERMI YGIENE, OVAL.		PARTIDEATH V 9650 Canditions, if gave rise to	MAS CAUSED BY: IMMEDIATE Co	: AUSE (a)	far (a), (b), and (c).)  Gunshot W  AS A CONSEQUENC		of head				APPROXIMA BETWEEN ON	LE INTERVAL LET AND DEATH
CAL EXAM BURIAL-T AND MEN MATION, O		cause (o) statin lying cause last PART 2 OTHER SIGNIFICA	1.	DUE TO, OR	AS A CONSEQUENC		E OR CONDITION GIVE	EN IN PART I (a),				
RD "PENDING" IN PEI HIEF MEDICAL EXAM HIEF MEDICAL EXAM USED AS A BURIAL - I OF HEALTH AND MEN RIAL, CREMATION, O	IFICATION	lying cause last	NT CONDITIONS CONTI	DUE TO, OR  (c)  RIBUTING TO DEATH	AS A CONSEQUENCE BUT NOT RELATED TO THE TE	RMINAL DISEAS					20 AUTOPS	
INFO THE CHIEF MEDICAL EXAM 3 SHOULD BE USED AS A BURIAL -T DEPARTMENT OF HEALTH AND MEN PRIOR TO BURIAL, CREMATION, O	AEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICAL  19a DATE OF OPER  21a. EXTERNAL CAL UNDERLYING MACCONTRIBUTING 1214. INJURY OCCUR	NT CONDITIONS CONTI	IPB CONDIT	FINJURY CATHOME.	ERATION W	OW INJURY OCC	CURRED LENTE		IN ITEM 18 PART 1 C	YES XX	
EXECUTE THE CERTIFICATE. WITHING THE WORD. "PENDING" IN PROCI.IP PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER.  TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANS AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HEALTHORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REM	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICAL  19a DATE OF OPER  21a. EXTERNAL CAL UNDERLYING XX CONTRIBUTING 2 21d. INJURY OCCUR WHILE NOT AT WORK AT V	NT CONDITIONS CONTI	DUE TO, OR  (c)  RIBUTING TO DEATN  19b. CONDIT  21b. TIME OF HOUR A.M. TH 2 PLACE STREET, FACT FEAT ( the remains designed)	BUT NOT RELATED TO THE TE  FINJURY EST MONTH DAY YE  1 6 19 DEFINJURY (ATHOME.  ORY, FARM, ETC.)  Of STORE  cribed above, held an	ERATION W  AR 21c. H  R82 21r. LO  771  Autop	OW INJURY OCC SUBJECT CATION STREET	Was she was sh	CITY OR TOWN	DVer, P., and in mer	YES XX	state orge's, Md.

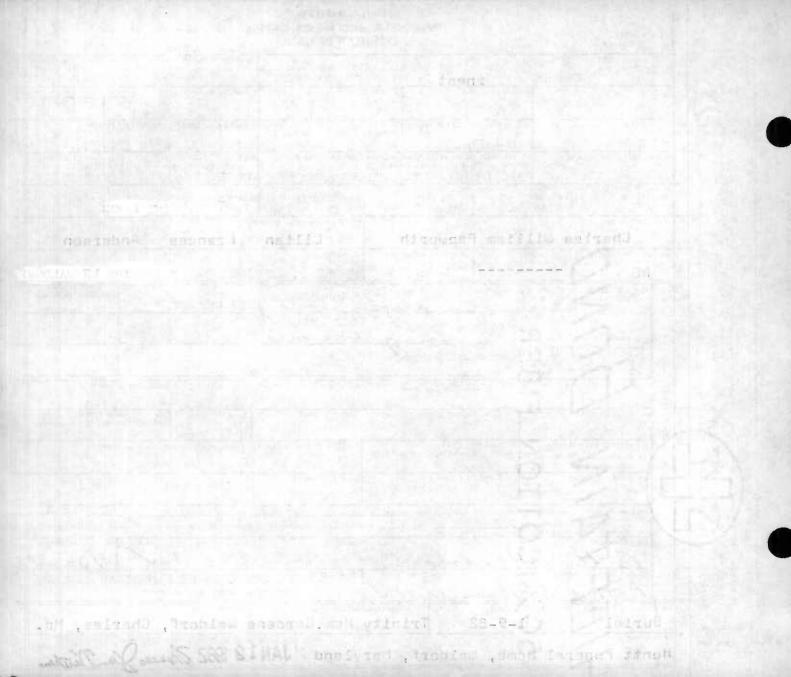


Huntt Funeral Home, Waldorf. Marvland

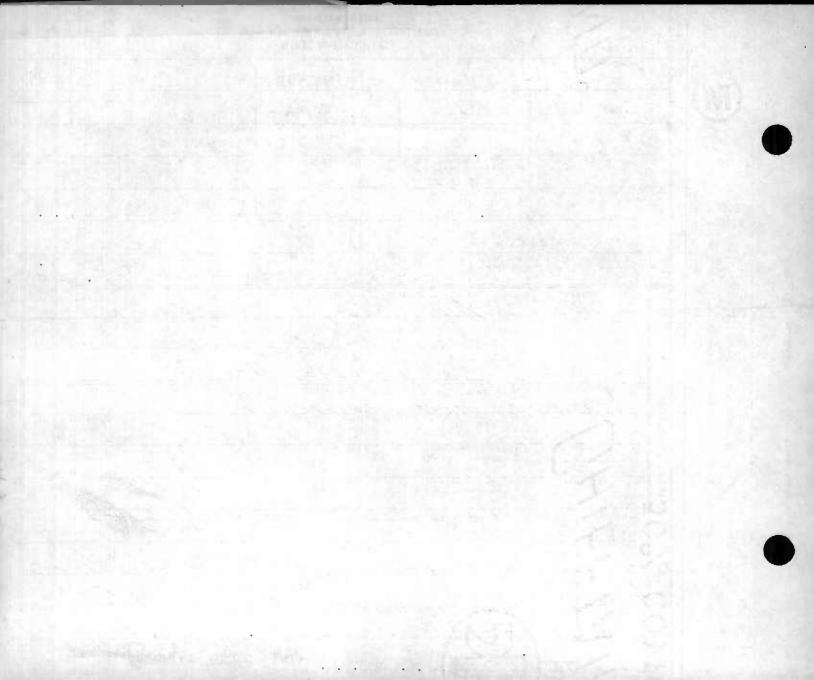
- STATE

(VRA 15. 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



STATE OF MARYLAND



	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	0 2 5 7
	1. DECEASED NAME PIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	Jea	m F.	Pergola	January 1	9. 1982 12:01
-	3 SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 2.
(m	Male	White	Auguast 21, 1910	71 YRS	MONTHS DAYS HOURS
ANT	7a. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR COUN	
-	France	France	MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	Prince George	s County
Pe O	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINES
6	Lanhem		tal of P.G. County	Clerk	Library
9	USUAL RESIDENCE (IF NURSING HOM 13a. STATE	OR OTHER INSTITUTION GIVE RESIDENCE BEFO	DRE ADMISSION)		1 2202023
E C	100	G. Co. Landove	tod a sold City Envillo.	13e STREET ADDRESS 7503 Buchana	n Street
i i	14 FATHER'S NAME		15. MOTHER'S MAIDEN NA		II Dorect
PoloC	Frederick	- Pergol	FIRST	(Unknown)	IAST
4	160 WAS DECEASED EVER IN U.S.			ADDRESS	
medi		Sive war or dates) Ione 213-42	-5492 Jacques Perg	ola (Son) Same	as # 13
ovol.	18 CAUSE OF DEATH (Enter	anly one cause per line for (a), (b), o	and <sub>al</sub> c <sub>l</sub>		APPROXIMATE INTERV. BETWEEN ONSET AND D
ven	PART I. DEATH WAS CAU	JSED BY:  JATE CAUSE (o)	dear Anest		
or ro	1629	DUE TO, OR AS A CONSEQ	HENCE OF		0 1
on m	Canditions, if any, which	( AZATA	e renal tail	1120	24 hr
ar tro	gave rise to immediate	107			11
othe	underlying cause last.	DUE TO, OR AS A CONSEQ	noma at luna	and discussion	susta 6d
. 0 .	PART 2 OTHER SIGNIFICAN		DEATH BUT NOT RELATED TO THE JERM	INAL DISEASE OF CONDITION O	IVEN IN PART II O
to b		2010110110	S SEATH OF NOT KEENIED TO THE TENE	WAL DISEASE OR COMMINON	NVEIV IN PART 10
ony	190 BATE OF OPERATION 190 BATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	H OPERATION VAS PERFORMED	20a AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED
ws w	113/82	Carrino	na oflina	IN CER	TIFYING CAUSES OF DEATH
sho	210 ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY	131t HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 1	
0 E	OR CONTRACTOR TO CAUSE OF		DAY YEAR	TENTER TRIORE OF MAJORITATION IS	TANTI ON TANT ST
T the	(IF EITHER NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED	P.M.  21e PLACE OF INJURY	211 LOCATION		
o pa		(AT HOME STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY STA
ork o	AT WORK				
s Teo	sow the deceased alive	on JAN, 18		10 JAN. 19,	, 19. 82 that ()
r. of	abaye (1) was taled (Gir	not view the body after death.	82, and that in my (aux) opinion	death accurred an the date and h	our and from the couses state
0 4	77h SIGNATURE		DECREE		20 DATE CIONIED

226 DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN Jan. 20,

22e ADDRESS

22d. PHYSICIAN'S NAME (TYPE OR PRINT) Dr. Wendy P. Jones-Key, M.D.

Road Lanham

STATE

230 BURIAL, CREMATION, REMOVAL (SPECIFY) 23d LOCATION 23b. DATE 231 NAME OF CEMETERY OR CREMATORY COUNTY Cremation
24 FUNERAL DIRECTOR

Riverdale, Maryland Chambers Funeral Home

Crematory Suitland, P.G.

1250. DATE REC'D. BY REGISTRAN 250 REGISTRAN
DATE OF THE PROPERTY OF

BP

CHE DOES, AND EARLEST MERCHANISHES SAFETY AND A STREET THE RESIDENCE OF COMMENTS OF THE PARTY OF TH remarks to the first the second of the secon which is a second of the comment of (mount) along a delegated TEN THE MENT (COO) SECTION WILL THE TANK THE PROPERTY OF THE P 

STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFICATE OF DEAT	REG	NO.
1. DECEASED NAME FIRST	MIDDLE	tAS1	20. DATE OF DEATH	
Paolino Paul	NMI	PETRINI	January	14.1982 10:35 N
3. SEX	4 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST	
Male	White	July 15, 188	AR 7	94 YRS. MONTHS DAYS HOURS MIN.
To BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COL	INTRY? 8	9 BALTIMORE CITY	OR COUNTY OF DEATH
Italy	U.S.A.	MARRIED NEVER MARRIE		ince George's MD
10 CITY OR TOWN OF DEATH		NURSING HOME OR OTHER INSTITUTION		
Lanham	DOCTORS HO	spital of Pr. Geo	(TYPE OF WORK FOR MO	d Cement Mason
USUAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION GIVE RESIDEN	ICE BEFORE ADMISSION)	CO   Retire	1 Cement Mason
13a. STATE 13b COL				
Md. Pr	Geo. Hya	ttsville YES X NO [		56th Avenue
FIRST		AST FIRST	MIDDLE	
Adolph			avia	Lotti
160. WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, O	SIVE WAR OR DATES	AL SECURITY NO. 17. INFORMANT	,	SAME AS ABOVE
No	- p79-0	09-05934 Rose	Petrini (Wi	ie,
18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	ED RV	1 ( 1 )	· 0 ~ 0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	ATE CAUSE (a)	vearone	march	
2500	DUE TO, OR AS A COL	NSEQUENCE OF		
Conditions, if ony, which	( (b) C	allerin elle	~~	
gove rise to immediate couse or, stating the	DUE TO, OR AS A COM	NSEQUENCE ON O-	1 01 1-	
underlying cause last	(c)	Distuls	meens.	
PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	NG TO DEATH BUT NOT RELATED TO TH	E TERMINAL PISEASE OR CO	ONDITION GIVEN IN PART 110
190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING	ch	we Bine	we say	pula
S 190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION WAS PERFORMED	20a AUTOPSY?	20h IF YES, WERE FINDINGS USED
THE STATE OF THE S			YES TO NOT	IN CERTIFYING CAUSES OF DEATH?
210 ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY (	OCCURRED (ENTER NATURE OF IT	
		TH DAY YEAR		
OR CONTRIBUTING CAUSE OF D	21e PLACE OF INJURY	211 LOCATION		
WHILE NOT WHILE	(AT HOME STREET FACTORY	OFFICE FARM ETC ) STREET	CITY OR	TOWN COUNTY STATE
220.1 certify that (1) (this has	nital) attanded the decerted	I trom	82	7
saw the deceased alive a	1 / U	110111	pointion death occurred on the	date and hour and from the causes stated
obove, (I) (we) (did) (did r 22b SIGNATURE	not) view the body ofter death	DEGREE	The second of the	
THE STORY OF THE STORY	2	ATTENE	MEDICAL ST	TAFF 221. DATE SIGNED
22d PHYSICIAN'S NAME (TYPE	000000	PHYSIC	IAN DIRECTOR PHY	SICIAN
- 10		WD 220 ADDRESS	110.1.	p 1 - d. 145
CIRO MILINI	012/2/10	2208	2 poorbo LK	Kal woward wil
23a. BURIAL, CREMATION, REMOVA		23c. NAME OF CEMETERY OR CREMA	CITY OF TOWN	COUNTY
Burial	1-18-82	Ft. Lincoln Co	em. Brent	wood Pr. Geo. Md.

DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR Nalley's F.H.Inc. Mt. Rainier, Md. Brentwood

Pr. Geo, Md.

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		10224
dvegd I have		y Cotto
doll newspacegons -		
Y	La estado	

N	FOR 1 - STATE	STATE OF M DEPARTMENT OF HEALTH	AND MENTAL HYGIENS	02575
	REGISTRAR  1. DECEASED NAME FIRST	MEDICAL EXAMINER'S C		REG. NO.  KNOWN MONTH DAY YEAR (2b. HOU
OR: DRS: EET,	(TYPE OR PRINT) SUSAN	JANE	PETRO OF DEATH	ESTI-
ARY, PLEASE L DIRECTOR. L DIRECTOR. L DIRECTOR. L DIRECTOR.	3. SEX 4. RACE 5. I	DATE OF BIRTH AONTH DAY YEAR LAST BIRTHDAY) MONTH	DER 1 YR. IF UNDER 24 HRS. 2c. DATE	MONTH DAY YEAR 24 HOLL
NECESSARY, PLEASE NECESSARY, PLEASE FOR FLES WITH PLEASE WITH PLAST	70. BIRTHPLACE (STATE OR 76	6-20-49 32 YRS.	DEAD DEAD DEAD INC.	ORE CITY OR COUNTY OF DEATH
NECESSA NECESSA S. HOF NECESSA	Pennsylvania	U.S.A. WIDOW	NCE GEORGES MI	
SEE SEE	Cheverly	NAME OF HOSPITAL, NURSING HOME, OR OTHE (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) PRINCE GEORGES GENERAL	PATION (TYPE OF WORK KING LIFE)  eacher  12b. KIND OF BUSINESS OR INDUSTRY  Pr. Geo. Co.	
D. 21201 IF ANY DELA 2, AND 3 TO 3, RETAIN PR SHOULD BE N. RECORDS,	USUAL RESIDENCE (IF IN NURSING HOME OR OTH 130. STATE 135. COUNTY Maryland Prince	HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  13. CITY OR TOWN  George Ft. Washington	13d. INSIDE CITY LIMITS? 130. STREET ADDRE	ss nyon Court
S I N	Oliver L		Betty	Hare Hare
URS AFTER DE 8. GIVE PAGE WITH FORM T. PAGES I AN DIVISION OF	160. WAS DECEASED EVER IN U.S. ARMED (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR)		Raymond L. Petro,	Jr. Ft. Wash. Md.
201 W. PRESTON ST JTED WITHIN 24 HO IN PENCIL IN JEM I EXAMINER ALONG IAL-TRANSIT PERMI J MENTAL HYGIENE, ON, OR REMOVAL.	Conditions, if ony, which gove rise to immediate couse (o) stating the <u>underlying</u> couse lost.	AUSE <b>DIABETIC ARTERIOSIER(</b> DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)		DISFASE  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
BE E ENDIN			EDEMA	
F VITAL RI E SHOULD WORD "PE E CHIEF A BE USED. ENT OF HE	NEPHROTIC SYNDR 19a DATE OF OPERATION 21a EXTERNAL CAUSE WAS	196 CONDITION FOR WHICH OPERATION WA		20 AUTOPSY? YES TY NO
NO THE OUTE		TH P.M. 19	W INJURY OCCURRED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART 1 OR PART 2)
	VODETING ON CONTRIBUTING CAUSE OF DEAT	21e: PLACE OF INJURY (ATHOME. STREET, FACTORY, FARM, ETC.)	ATION REET CITY OR TOW	VN COUNTY STATE
MEDICAL EXAMINER: CCUTE THE CERTIFICATE GE 4 SHOULD BE FOR FINNERAL DIRECTOR: FINNERAL DIRECTOR: LITMORE, MARYLAND	220 I certify that I took charge of death resulted from: Notural consistency of the Signature (TYPE OR PRINT) ANGUSTO	P RODRIGUE M.D.	Homicide Undetermined mon	DATE
BP		8/82 Cedar Hill Cre	matory Suitland	
DHMH-17 (VR A15 ME (5))	George P. Kalas Fu	neral Home Oxon Hill Rd	id. JAN 1 1 1982	R 256 REGISTRAR'S SIGNATURE

PRIME SHOW IN THE SHOP IN THE SECOND IN THE

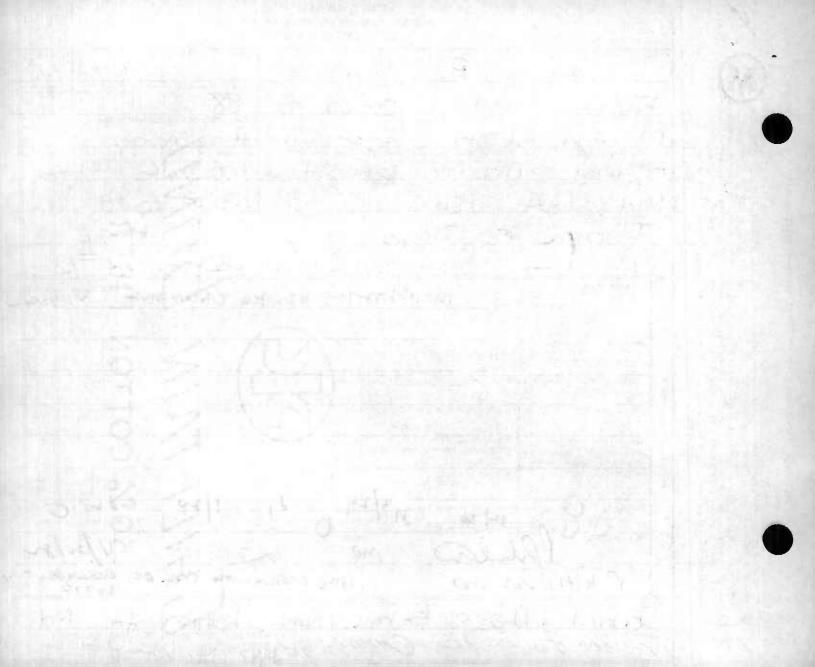
AVEIDE 22.1.-LOT2/21/31/91/1. EMANOSOY2 5170/H93/

DEPUTY 1-1

ARRIENT P. DEVICETE M.D. The Extrust CT. CVP STRINGS VIOLATION CT. CVP

		FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE O REG. NO.	02376
6		CEASED NAME FIRST LEN	a P	Phipps	20. DATE OF DEATH MON	-20-82 12N
	3. SE.	remde.	White	5. DATE OF BIRTH  MONITY  DAY  YEAR  93	6 AGE (IN YEARS LAST BIRTHDAY	Y) IF UNDER 1 YEAR IF UNDER 24 HE MONTHS DAYS HOURS MI
the tumeral dis	1	Decyland	CITIZEN OF WHAT COUNTR  S  NAME OF HOSPITAL, NUR:  LIFMOT IN SUCH FACILITY, GIVE STR	MARRIED LI NEVER MARRIED LI WIDOWE DIVORCED DIVORCED SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (Type of Work For MoSt of Wo	1 126 KIND OF BUSINESS
2 should be for	130	LE RESIDENCE (IF NURSING HOME OR OT) TATE 138 COUNTY	Den l	YES NOTHER'S MAIDEN N		23 Rd
110120		AS DECEASED EVER IN U.S. ARME ES, NO OR UNKNOWN) (IF YES, GIVE W		CURITY NO. 17 INFORMANT A	ADDRESS SCO	Knopp e offB
ed by the ottending physici lease remove carbonpoper ia), cremotion, or removal, or other troumotic event, th		PART I. DEATH (Enter only of PART I. DEATH WAS CAUSED BY IMMEDIATE (Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	MEN MEN	MONTHE STUM	Jelf Chrimo	PRESENTATE INTERVAL  RETWEEN ONSET AND DEA  V 1 4EA
the signer of the property on yields.	CERTIFICATION	PART 2. OTHER SIGNIFICANT COI	2	O DEATH BUT NOT RELATED TO THE TER	200 AUTOPSY? 201 IN	ON GIVEN IN PART 1(a)  b. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
trending physicia or this certificate the buriol-transit and Mental Hygie and or Item 18 sho	MEDICAL CERTII	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED  WHILE ON WHILE AT WORK	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	DAY YEAR  19 211 LOCATION	YES NO RED (ENTER NATURE OF INJURY IN	YES NO III III III NO III III NO III III NO
e hospital ar DIRECTOR: Af ched for use o Dept of Health Hem 21 is ma		22a. I certify that (1) (this hospital) sow the deceared alive an above (1) well and (dig fat) v 22b. SIGNATURE	12 76 10	ond that in (our) opinion	n death occurred an the date of	ond have and Iram the causes stoted
TO FUNERAL I should be deto with the State [IMPORTANT: If		22d. PHYSICIAN'S NAME (TYP) OR PE	ER MO			OR. OREENBERT
₽		URIAL, CREMATION REMOVAL	23b. DATE 23	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	X BUNTY MYAT

DHMH-16 30M 2/80 (VRA 15, 4)



TO 15	11-	FOR STATE REGISTRAR			STA DEPARTMENT OF DICAL EXAMII	HEALTH			tal time	0 2	2	1	1
T MARK	1. DE	CEASED NAME E OR PRINT)	FIRST	J(	MIDDLE DSEPH		ISTORIO		26. DATE KNOWN OF ESTI- DEATH MATED	MONTH		YEAR 19 82	7b. HOUR
A VOLE STREET				5. DATE OF BIRTH MONTH DAY IN 7 16 76. CITIZEN OF WE		PAY) MONT		DER 24 HRS. 5 MIN.	2c. DATE PRONOUNCED DEAD  9. BALTIMORE CIT	1	10	1982	12:20 D. M
NA STANKER	FO	REIGN COUNTRY)  Italy  TY OR TOWN OF DE	A. 7.1.4	U.S.A.		WIDOW		ORCED 🗆	Prince	Geor	ge		MD
SELAY IS TO THE V PAGE DS, 201	Fo	rt Washing	ton	101 Inve	PITAL, NURSING HOA CILITY, GIVE STREET ADDRESS TNESS Lane		EK INSTITUTION	FOR	UAL OCCUPATION MOST OF WORKING LIFE)  Vernment		OR	PO OF BUS NDUSTR	
MORE, MD. 21201 RR DEATH. IF ANY DELAY IS NEEPAGES 1, 2, AND 3 TO THE FUNE ORM PM 3. RETAIN PAGE 5. FOR AND 2 SHOULD BE FILED. WITH A PAGE 1. OF THE PAGE 1.	13a S Ma	ryland	136. COUNT		re residence before admis 13c. City or town Ft. Washi				eet address 1 Inverne	ss La	ne		
IMORE, MD ER DEATH PAGES 1, 2 OORM PAY S S 1 AND 2 ON OKVITAI		Joseph		MIDDLE	Pistorio		is MOTHER'S M FIRST Agati		MIDDLE			nicar	rio
BALTIMORE. S. AFTER DEA GIVE PAGES TITH FORM P PAGES I AN WISSON OF W	(Y	VAS DECEASED EVER ES, NO, OR UNKNOWN)	IN U.S. ARM	ED FORCES? (AR OR DATES)	577-14-05		Carmela	Pisto	101 In orio Ft. W	verne ashin	gton,	Md.	
L RECORDS, 201 W. PRESTON ST., BALTIMOR ULD BE EXECUTED WITHIN 24 HOURS AFTER DE "PENDING" IN PENCIL IN ITEM 18. GIVE PAGI F MEDICAL EXAMINER ALONG WITH FORM ED AS A BURIAL-TRANSIT PERMIT, PAGES 1 A HEALTH AND MENTAL HYGIENE, DIVISION OF ALL, CREMATION, OR REMOVAL		Conditions of gave rise to cause (a) stating lying cause last	/AS CAUSED  IMMEDIATE )  any, which immediate g the under-	BY: CAUSE (a) AT  DUE TO, OR  (b) DUE TO, OR  (c)	far (a), (b), and (c).)  teriosclere  AS A CONSEQUENCE  AS A CONSEQUENCE	OF			disease		BETW	PROXIMATE VEEN ONSET	AND DEATH
L RECORDS.  ULD BE EXEC. "PENDING" F MEDICAL F AND	TION		osure,	emphyse	BUT NOT RELATED TO THE TENTAL TION FOR WHICH OPE			IN PART 1 to			lan A	UTOPSY?	
DIVISION OF VITAL RE S CRTHICATE SHOULD RITING THE WORD "PE ROED TO THE CHIEF M RES SHOULD BE USED. E DEPARTMENT OF HEL COI PRIOR TO BURIAL, COI	AL CERTIFICATION	210 EXTERNAL CAU	SE WAS	21b. TIME OF HOUR A.M	INJURY MONTH DAY YEA	21c. H		JRRED (ENTER	NATURE OF INJURY IN ITEM	A 18 PART I OR I	Y	res 🗆	NO [X
DIVISION OF THIS CRTIFICATE WARDED TO THE WARDED TO THE PATE DEPARTMEN 1201 PRIOR TO 1	MEDICAL	CONTRIBUTING TO THE TOTAL TOTA	RED	21e PLACE C			CATION		CITY OR TOWN		COUNTY	- 33	STATE
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "PREAGE A SHOULD BE FORWARDED TO THE CHIEF A FIRE DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, O			I toak charge	couses ,	Accident , S	Autap uicideM	Hamicide TITLE (SPECIF) Deputy	() /MED	Inquiry , ermined manner .	DATE SIGN	E <sub>NED</sub> 1/1	11/19 207	48
PE EXECTOR AFTER BALL	23a. B	JRIAL, CREMATION, PECHY, Burial	REMOVAL 23		23c. NAME OF C	METERY O		23d. LC	Cation or town Clinton	co	YINUG	rylan	ATE
DHMH - 17 (VR A15 ME (5))	-	INERAL DIRECTOR NAME Orge P. K	alas F	616 uneral H	O Oxon Hil	l Rd.			REGISTRAR 256 A	EGISTRAR'S	SIGNAL		

tovol and adding - tremming And interrept in a north control of the learner land to the land of the land o סורבריבינס 577-11-02 ab Carmela Martorio 25, auguste ton, 146. dri 1 1/13/82 cosurrection Cemetary Olinton Fled Gram Hill Ad. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the burnal-transit permit. Then please remove carbon-papers. Pages 1 and 2 shauld be filed within 7 with the State Dept, of Health and Mental Hygiene priat to burial, cremation, or removal.

IMPORTANT: If Hem 21 is marked ar Item 18 shaws any injury, ar other traumatic event, the

requires that the death certificate be executed within 24 hours after death. Page 4 may be

FOR

STATE OF MARYLAND DED A DEMENT OF HEALTH AND MENTAL HYCITHE

1.	- STATE REGISTRAR	DEFARIME	CERTIFICATE OF DEATH		N 64 01 1 11
1 DE	CEASED NAME FIRM	MIDDLE	LAST	REG. NO.	DAY YEAR 26 HOUR
(TYP)	FRIE	DA Johanna	POLIDORI	JANUARY 1	1 1982 5 2 M
3. SE	X	RACE (White)	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
7	-emale	Caucasia u	Oec. 9 1890	9/ YRS	MONTHS DATS HOURS MIN
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUN	TY OF DEATH
(0	ermany	United States	WIDOWED DIVORCED	PRINCE GO	eorges Co. MD.
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	HOME OR OTHER INSTITUTION	17a USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING	GLIFE) INDUSTRY
4	ANHAM	MAGNOLIA GAR	OENS Nursing Home	Homemake	Orm Hame
13a :	AL RESIDENCE (IF NURSING HOME OF	13 CITY OR TOWN	boro YES NO [	130 STREET ADDRESS 9104 FAIRGE	en Court
.14 F/	ATHER'S NAME FIRST	MIDDLE /112-fet LAST	15 MOTHER'S MAIDEN NAM	WIDDLE	A LAST , /
160 \	VAS DECEASED EVER IN U.S. AR	MED FORCES? 16b SOCIAL SECURI	TY NO. 17. INFORMANT	ADDRESS	HBNOID
		E WAR OR DATES)	Mag Barra	++OIAIIE	1 upper Maribon
-	100	070-10-1	BOODY INC 1 SAFFE	117104 PAirs	reent Mgg772
	PART I. DEATH WAS CAUSE	W ( 1) ( ) \	1. Son Ful;		BETWEEN ONSET AND DEATH
. 10	7662 IMMEDIA	E CAUSE (o)	ran vacy can to	NY .	
23	Conditions, if ony, which	DUE TO, OR AS A CONSIQUEN	CE OF		
20	gave rise to immediate	(b) (c)			
-	underlying couse lost.	DUE TO, OR AS A CONSEQUEN	CE OF		
	PART 2 OTHER SIGNIFICANT O	ONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TERMI	NAI DISEASE OF CONDITION G	IVEN IN PART 110
NO				THE BISENSE ON CONDITION O	IVER IIV PART IIO
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH O	PERATION WAS PERFORMED	200 AUTOPSY? 206. IF Y	ES, WERE FINDINGS USED
TIFIC					TIFYING CAUSES OF DEATH?
CER	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCURRE	ED (ENTER NATURE OF INJURY IN ITEM TO	
AL	OR CONTRIBUTING CAUSE OF DEA		19		
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
×	AT WORK AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARA	M, EIC) SINECT	ell okiowi	COUNTY
72		tal) attended the deceased from	19.75	_, to	, 19, that (II (we) last
3	sow the deceased alive an above, (1) (we) (did) (didina	1) wew the body after death.	, and that in (my) (our) opinion d	eath accurred on the date and he	our and from the causes stated
37	226. SIGNATURE		DEGREE	/	221. DATE SIGNED
	Jen 18	mes, M.	M.D. ATTENDING PHYSICIAN ♥	MEDICAL STAFF DIRECTOR PHYSICIAN	1/1/82
H	22d. PHYSICIAN'S NAME ITYPE O	1	??e ADDRESS	Than Marris	- 4 20772
	CLARK F	tolmes, M.D.	upper Mar.	lboro, Maryla	ma 20/12
	BURIAL, CREMATION, REMOVAL		ME OF CEMETERY OR CREMATORY	23d. LOCATION	DEPUNM O LA STAIRA

DHMH - 16 50M 1/81 (VRA 15, 4)

retained by the haspital ar attending physician

BP.

Richard Richard Funeral -Upper Marlboro, Maryland 20772: A. Coleman Home

JAN 1982 REGISTRAP REGISTRAP SECHAL JAN

2772 1 . T. M. . T. 27. 12. 11. 60.001. 10.001. Cross tion 1/1/02 (seems this from tony out of mac(r. roots) had. cool and the second sec

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

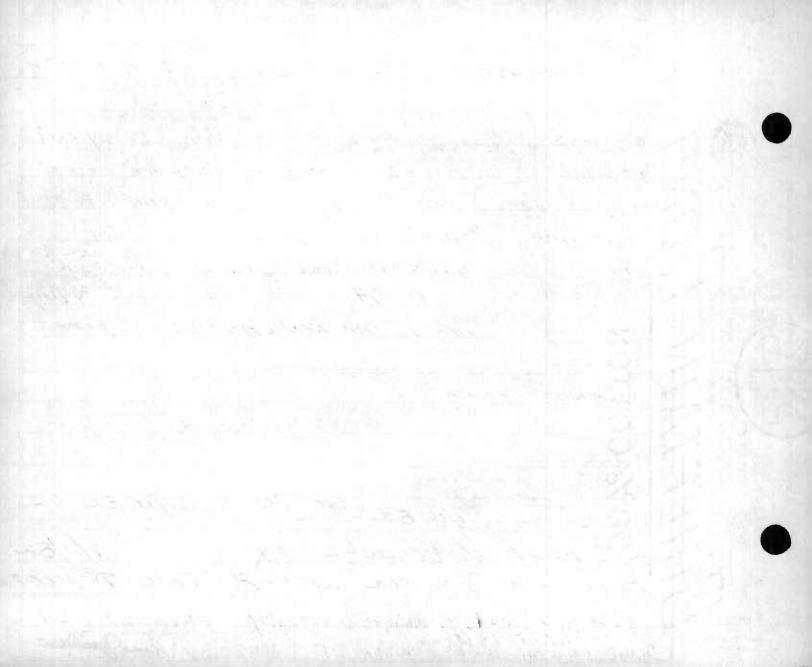
EASED NAME		MAN	POF	POWSK'	Y	20. DATE OF DEATH	MONTH DA		26 HOUR
	IA D			911411	•		01 07	04	5:10 AM
HALE  HITHPLACE   LATE OR FOREIG  ENGLAND  OCITY OR TOWN OF DEATH  CHEVERLY		WHITE		S. DATE C	EMBEŘ 23, 1907	6 AGE (IN YEARS LAST BIS	MC	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN,
	REIGN 76. (		VHAT COUNTRY?	8	DXX NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
		U.S.A		WIDOWE	DIVORCED	PRINCE GE		COUNT	1412
HEVERLY	P	RINCE	GEORGE 'S			SALESMAN	ION DE WORKING LIFE)		ES
ARYLAND	B COUNTY		13c. CITY OR TOW	ADMISSION) N ILLE	13d INSIDE CITY LIMITS? YES NO [		OLSON :	STREET	#201
ORRIS					ANNA	WIDDIE			
AS DECEASED EVER IN ES NOOR UNKNOWN) ES	(IF YES GIVE WA	R OR DATES				WSKY, HYATT	NICHOLS SVILLE	MARY	LAND
PART 2 OTHER SIGNII	ICANT CON					INAL DISEASE OR CON	20b IF YES,	WERE FINDIN	NGS USED
OR CONTRIBUTING [ ] CA	USE OF DEATH	HOUR A.M	A. MONTH DA		21c. HOW INJURY OCCURR	YES NO	YES		NO 🗍
21d. INJURY OCCURRE	D	21e PLACE C	F INJURY		21f. LOCATION STREET	City OR TO	)WN	COUNTY	STATE
sow the deceosed obove (We) (die				, or	nd that in (our) opinion o	to, todepth occurred on the d	ote and hour o		that (we) last couses stated
fl	1	luga	mo		ATTENDING PHYSICIAN			22c. DATE	SIGNED
Robert	45	chi f	T, mo		Prince 6		. Horp	Chen	erly M
URIAL, CREMATION, RE	MOVAL 2	3b. DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION			MARYLAN
	LEVERLY  LERESIDENCE (JE NURSINITATE  ARY LAND  THER'S NAME  ORRIS  AS DECEASED EVER IN ES NO OR UNKNOWN)  ES  18 CAUSE OF DEATH  PART I. DEATH WA  Conditions, if ony, gove rise to imme couse ID, stoting underlying couse  PART 2 OTHER SIGNIF  190 DATE OF OPERATIO  210. ACCIDENT WAS UNDER OR CONTRIBUTING CAI (JE ETIMER NOTIFY MEDICA)  210. IN JURY OCCURRE  AT WORK  220. I certify that (I) (M SOW the deceosed obove (I) (we) (die  220. PHYSICIAN'S NAM  ROBER  221. PHYSICIAN'S NAM  ROBER  222. PHYSICIAN'S NAM  ROBER  223. PHYSICIAN'S NAM  ROBER  224. PHYSICIAN'S NAM  ROBER  226. PHYSICIAN'S NAM  ROBER  226. PHYSICIAN'S NAM  ROBER  227. PHYSICIAN'S NAM  ROBER  228. PHYSICIAN'S NAM  ROBER  229. PHYSICIAN'S NAM  ROBER  220. PHYSICIAN'S NAM  ROBER  220. PHYSICIAN'S NAM  ROBER  220. PHYSICIAN'S NAM  ROBER  221. PHYSICIAN'S NAM  ROBER  222. PHYSICIAN'S NAM  ROBER  223. PHYSICIAN'S NAM  ROBER  224. PHYSICIAN'S NAM  ROBER  226. PHYSICIAN'S NAM  ROBER  227. PHYSICIAN'S NAM  ROBER  228. 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DEATH WAS CAUSED BY IMMEDIATE C  Conditions, if ony, which gove rise to immediate couse IoI, stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT CON  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING (IF EITHER NOTHEY MEDICAL EXAMINER) 270. I Certify that (I) (INIS hossibil) sow the deceased allow on obove til (we) (did) (did no) vi 270. SIGNATURE  271. PHYSICIAN'S NAME (TYPE OR PRI  272. PHYSICIAN'S NAME (TYPE OR PRI  273. THE TOP OF THE CORP.  274. PHYSICIAN'S NAME (TYPE OR PRI  275. SIGNATURE	L RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION OF TATE  ARY LAND  THER'S NAME  ORRIS  AS DECEASED EVER IN U.S. ARMED FORCES? ES NO OR UNKNOWN)  L SCHOOL OF THE SINGH HOME ON THE WAR OR DATES)  BE CAUSE OF DEATH Enter only one couse per PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (O)  Conditions, if ony, which gove rise to immediate couse lol, stating the underlying couse lost.  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GEORGES  HYATTSVILLE  THER'S NAME  FIRST  ORRIS  POPOWSKY  AS DECEASED EVER IN U.S. ARMED FORCES?  ES NO OR UNKNOWN)  IF YES GIVE WAR OR DATES)  TO ACUSE OF DEATH Enter only one couse per line for (a), (b), and (c)  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate couse lo), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  190. DATE OF OPERATION  190. DATE OF OPERATION  190. CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  210. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  210. INJURY OCCURRED  WHILE CAUSE OF INJURY HOUR A.M. MONTH DAY YEAR AT WORK  210. INJURY OCCURRED  WHILE CAUSE OF INJURY HOUR A.M. MONTH DAY YEAR AT WORK  210. INJURY OCCURRED  WHILE CAUSE OF INJURY 191. HOME STREET, FACTORY, OFFICE FARM, ETC.)  210. INJURY OCCURRED  SOW the deceased alive on obove (II) (vol. bosond) oftended the deceased from obove (III) (vol. bosond) view the body often death.  210. PHYSICIAN'S NAME (Type or PRINT)  211. THE STREET ADDRESING ADMISSION.  112. CITY OR TOWN HILE ADMISSION.  1131. CITY OR TOWN HYATTSVILLE  114. OR RESIDENCE BORNAMS.  115. CITY OR TOWN HYATTSVILLE  116. SOCIAL SECURITY ON TOWN 117. OR COLLEGE STREET.  118. CITY OR TOWN 119. COLLEGE STREET.  119. OR COLLEGE STREET.  120. PHYSICIAN'S NAME (Type or PRINT)  221. COLLEGE STREET.  222. SIGNATURE  223. SIGNATURE	TO RETOWN OF DEATH  HEVERLY  LERSIDENCE (# NURSING HOME OF OTHER INSTITUTION PRINCE GEORGE S GENERAL HOSPITAL  LERSIDENCE (# NURSING HOME OF OTHER INSTITUTION OF RESIDENCE REFORE ADMISSION)  THE RESIDENCE (# NURSING HOME OF OTHER INSTITUTION OF RESIDENCE REFORE ADMISSION)  THE RESIDENCE (# NURSING HOME OF OTHER INSTITUTION OF RESIDENCE REFORE ADMISSION)  THE RESIDENCE (# NURSING HOME OF OTHER INSTITUTION OF RESIDENCE REFORE ADMISSION)  THE RESIDENCE (# NURSING HOME OF OTHER INSTITUTION OF RESIDENCE REFORE ADMISSION)  THE RESIDENCE (# NURSING HOME OF OTHER INSTITUTION OF RESIDENCE REFORE ADMISSION)  THE RESIDENCE (# NURSING HOME OF OTHER INSTITUTION OF RESIDENCE REFORE ADMISSION)  THE RESIDENCE (# NURSING HOME OF OTHER INSTITUTION OF RESIDENCE REFORE ADMISSION)  THE RESIDENCE (# NURSING HOME OF OTHER INSTITUTION OF RESIDENCE REFORE ADMISSION)  THE RESIDENCE (# NURSING HOME OF OTHER INSTITUTION OF RESIDENCE REFORE ADMISSION)  THE RESIDENCE (# NURSING HOME OF OTHER INSTITUTION OF RESIDENCE REFORE ADMISSION)  THE RESIDENCE (# NURSING HOME OF OTHER INSTITUTION OF RESIDENCE REFORE ADMISSION)  THE RESIDENCE (# NURSING HOME OF OTHER HOST OTHER HOME OF TOWN OF TOWN OF TOWN OF TWENTY OF	TO RECOVE OF DEATH    I. 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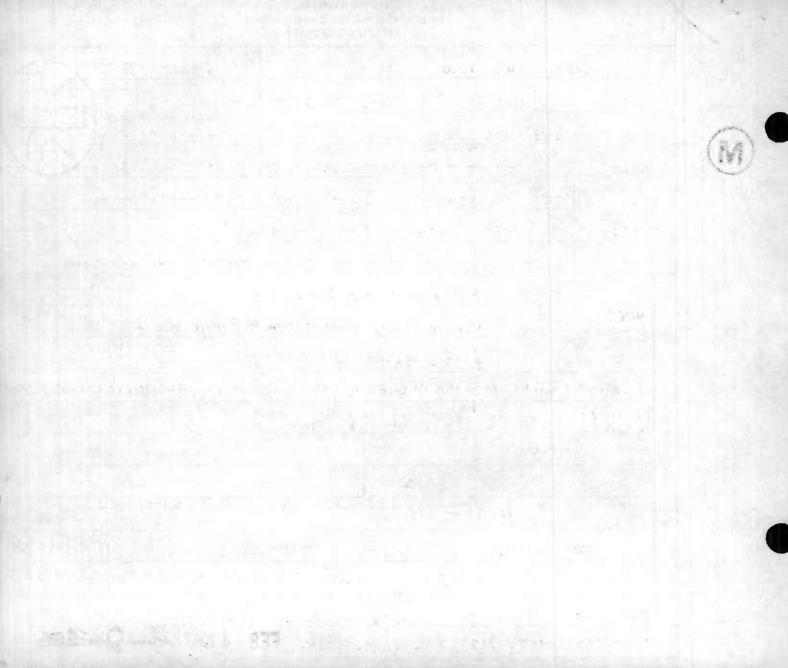
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	1.	STATE REGISTRAR	CERTIFICATE O		
be oge 3 deoth		CEASED NAME FIRST E OR PRINT)	TAA (NONE) POPPES	2a. DATE OF DEATH M	ONTH DAY YEAR 26 HOUR
moy I	3. SE		RACE S. SATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHI	- M
age 4	70.8	FEMALE.  IRTHPLACE (STATE OR FOREIGN 7)	WIFITE OCT 1	1895 86 9. BALTIMORE CITY OR	YRS.
99	1	COUNTRY) UNAVAILABLE	MARRIED NEVE	DIVORCED D P. 6.	maevinod MD.
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ote be execu		WAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE Y	ED FORCES? NAR OR DATES) 577 18 3172 J	AMES GIBERT	1346 CONN HUE NO
rificote k physicio on popers emovol.		PART I. DEATH WAS CAUSED			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  3 DAGS
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the deoth as the attendin remaye corb emotion, or er er troumatic		Conditions, if only, which gove rise to immediate	DUE TO, OR AS A CONSEQUENCE OF  (b) APT SC/CAN	KEN VASIVIS	76AALS
that the design of the contract of the contrac		couse (o), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF		
equires n signed Then pla to burin	N	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE OR CONDI	TION GIVEN IN PART 1(0)
ow remit.	CERTIFICATION	19a. DATE OF OPERATION	1% CONDITION FOR WHICH OPERATION WAS PER	RFORMED 200. AUTOPSY?  YES □ NO 🔀	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
HYSICIAN; The Iding physicion. is certificate hos buriol-transit per Mental Hygiene or Item 18 shows		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		V INJURY OCCURRED (ENTER NATURE OF INJURY	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	P.M. 19  21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)  ST.	ATION TREET CITY OR TOWN	N COUNTY STATE
DING Phore or attended of the or attended of the or the marked or the marked or the marked or the order or	2	WHILE NOT WHILE AT WORK		h 80	dit on
TEN TO OR OF US		220.1 certify that (I) (this hospital saw the deceased alive on	1/10 19 82 and that in (	my) ( opinion death accurred on the date	e ond hour and from the causes stated
DR A hoss hoss hoss hed bept.	-	77h SIGNATURE	DECRAF!	ATTENDING MEDICAL STAFF	22L DATE SKINED
by the by the VERAL I	+	THE PHYSICIAN'S NAME (TYPE OR	MINTI 220. ADD	PHYSICIAN DIRECTOR PHYSICIA	AN
TO HOSPITAL Cretoined by the TO FUNERAL By should be detained by the State Bitter Bitt		FREDERICK	W. ScHNEIDER 2	201-8517	18 DC19002
BP	23a.	BURIAL, CREMATION, REMOVAL	236. DATE 23c. NAME OF CEMETERY C	OR CREMATORY 23d. LOCATION CITY OF TOWN	and pin UBSTATE
DHMH-16 30M 2/80	24. F	UNERAL DIRECTOR John	F. De Col ADDRESS	250. DATJ. REC'D. BY REGISTRAR 21	B. REGISTRAR'S SIGNAPORE
(VRA 15, 4)		DEVOL FYNERA	1.0 - 1.0 - 1.1	9- 1 JAN 6 0 1987	name of



STATE OF MARYLAND



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Inc.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		REGISTRAR				CEKIII	ICATE OF D	EATH		REG. N	0				
)		CEASED NAME OR PRINT)	BESSI		B		REYNOLDS	5	2a. DATE O	F DEATH	01	30	YEAR 82	26 HO	P
		male		4. RACE Cauca	sian	5. DATE O	DAY	1894	6 AGE (IN	YEARS LAST BIF	RIHDAY)	MONIH	DER I YEAR	IF UNDE	R 24 HR5 MIN.
9	7a BIF	RTHPLACE (STATE OF COUNTRY)  York	OR FOREIGN		what country?	8 MARRIE WIDOWE	D NEVER A	ARRIED	9. BALTIMO PRINC	RECITY OF					MD.
+		CHEVERLY		PRINCE	PRINCE GEORGE'S GENERAL HOSPITAL						170 USUAL OCCUPATION  (TYPE OF WORKERS MOST OF WORKING HE)  INDUSTRY				
5	13a. S	Md.	13b COUN		GIVE RESIDENCE BEFORE 136 CITY OR TOW Brentw	N	13d. INSIDE CI	TY LIMITS?	13e STREET 381	ADDRESS	37 tl	n Pi	lace		
0	14 FA	THER'S NAME FIRST Freder	ick	F.	Bulli	on		MAIDEN NAM	ΛE	MIDDLE	۲.		Tay.	lor	
		AS DECEASED EVE ES NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	166 SOCIAL SECU 217-44-	1 - 1	17 INFORMA Bett	NI.	ona be	rger	_/1	+05	- 24 tsvi	-	Ave.
		18 CAUSE OF DEATH LEnter only one couse per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (b), stoffing the underlying couse lost  (c)  DUE TO, OR AS A CONSEQUENCE OF ADULT ONSET DIABETES MELL							ACUTE TUS				APPROXUMBETWEEN O	y A 1 H	rval Death
	TION		Acri	E REMA		nt								30	
	CERTIFICATION	19a DATE OF OPER			ITION FOR WHICH	OPERATIO			YES THE	NO 🗌	IN CER	TIFYING YES 🗌	RE FINDIN CAUSES		TH?
1	MEDICAL CE	210. ACCIDENT WAS U OR CONTRIBUTING [ (IF EITHER NOTIFY ME	CAUSE OF DEA	TH.	M. MONTH DA	Y YEAR	21c HOW IN.	URY OCCURRI	ED (ENTER NA	TURE OF INJU	RY IN ITEM I	B PART 1 C	OR PART 2)		
	WED	21d. INJURY OCCU	WHILE	21e. PLACE (	OF INJURY REET, FACTORY, OFFICE, FA	ARM ETC )	211 LOCATIO	2		CITY OR TO			OUNTY		STATE
		220.1 certify that tax: the doce above (1) we	this hospi and and and and and and and and and and	ol) ottended the	19 19	- / 2 - or	nd that in (m)	, 19 - L our) opinion d	eoth occurre		ote and h	_, 19 <b>0</b> our and	from the c		we) lost oted

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DHMH - 16 50M 1/81 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to bu

TO FUNERAL DIRECTOR. After this certificate has be

marked or Item 18 shows any

IMPORTANT: If Item 21 is

SUMSSUER MO 23a BURIAL, CREMATION, REMOVAL (SPECIBURIAL) 236. DATE 2/4/1982

7500 GREENWAY CM DR. GREENBEUT MD 231. NAME OF CEMETERY OR CREMATORY

22e ADDRESS

Brentwood

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

74 FUNERAL DIRECTO Nalley's F.H.

Mt.Rainier, 250. DAHE REGD. Md.

Ft.Lincoln Cem.

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	1935		

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME LAST 2g. DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) Catherine E. Richardson 1982 Januaru 4. RACE 3. SEX 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH YEAR Female Cauc. 25 1917 64 TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Virginia USA Prince George WIDOWED X O CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR Southern Maryland Hospital Center TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Clanton Unemployed Disabled ME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION WSUAL RESIDENCE (IF NURSING HE 13n STATE Charles Bryans Rd. 13d. INSIDE CITY LIMITS? 13 STREET ADDRESS Md. YES X 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE Norman J. Bowers Elizabeth Craun 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS. 17 INFORMANT YES NO OR UNKNOWN) LIFYES GIVE WAR OR DATEST 225-05-0527 Sue Ware same as item 13 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CARDIOPULMONARY ARREST HOURS SEVERE ATHEROSCLEROTIC CORONARY HEART DISEASE, YEARS. gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF RENAL DISEASE WITH FAILURE. months. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 CERTIFICATION CONGESTIVE HEART FAILURE. HYPERTENSIVE CARDIOVASCULAR DISEASE. 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING T CAUSE OF DEATH YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 220 I certify that (1) (this haspital) attended the deceased from Jan. and that in (my) (aur) apinian death occurred an the date and hour and fram the causes stated 22b. SIGNATURE DEGREE 22¢ DATE SIGNED ATTENDING Y MEDICAL STAFF
PHYSICIAN TO DIRECTOR PHYSICIAN TAN. 19 1982 M.D. 22e ADDRESS 7900 OLD BRANCH AVE. SUITE 101 CLINTON, MARYLAND 20735 PETER W. YIM M.D. 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial 1/22/82 Ft. Lincoln Cemetery Brentwood P.G. Md. 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR SIGNATURE G.P. Kalas 6160 Oxon Hill Rd. Oxon Hill, Md.

DHMH - 16 50M 1/81 (VRA 15, 4)

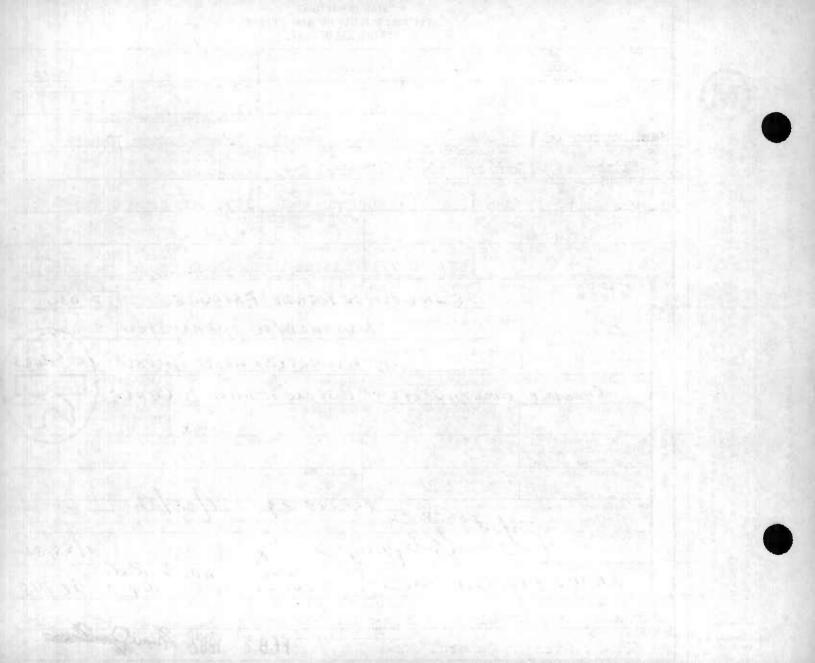
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DIVISION OF VITAL RECORDS.

STATE OF MARYLAND

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	1-	STATE REGISTRAR	M	EDICAL EXAMINER'S	CERTIFICATE OF DEA	TH REG. NO.	
		CEASED NAME	FIRST	WIDDLE	LAST	OF ESTI-	TH DAY YEAR 26 HC
	3. SEX	X I4 RAC	Theodore  Is DATE OF BIRTH	Russe II	Roth, Jr.	DEATH MATED	1 12 19 82
۱			MONTH DAY	VEAR LACT DIRTURAN		C. DATE MONT RONOUNCED DEAD	8:1
	70 B	IRTHPLACE (STATE OR		A/HAT COUNTRY?		BALTIMORE CITY OR COL	1 12 19 82 UNTY OF DEATH
1		aryland	U.S.A.		OWED DIVORCED	Prince George	e's County,
L		Cheverly	(IF NOT IN SUCH	DSPITAL, NURSING HOME, OR O FACILITY, GIVE STREET ADDRESS) George's Gener	FORM	AL OCCUPATION (TYPE OF WOI DIST OF WORKING (IFE)	OR INDUSTRY
-		at residence if in not	Prince Geo.	GIVE RESIDENCE BEFORE ADMISSION) 13. CITY OR TOWN RIVER DATE  13. CITY OF TOWN  RIVER DATE  14. CITY OF TOWN  15. CITY OF TOWN  16. CITY OF TOWN  17. CITY OF TOWN  18. CITY OF TOWN  18. CITY OF TOWN  19. CITY O	13d INSIDE CITY LIMITS? 13g STREE	61st Place	
1		heodore	Russell	Roth	15. MOTHER'S MAIDEN NAME FIRST Elsie	MIDDLE	Fowler
	16a. \	WAS DECEASED EVER	IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	None	Theodore R. R.	oth Same as #	#13 (Father)
		18 CAUSE OF DEAT PART I DEATH W	H (Enter only one couse per li				APPROXIMATE INTERV.
		HOO	IMMEDIATE CAUSE (o)	Sudden Infant D	eath Syndrome		
		Conditions, if		DR AS A CONSEQUENCE OF			
	-	gove rise to couse (o) stoting	immediate (b)	20.45.4.50.45.50.54.5			
		lying cause last.	The under	OR AS A CONSEQUENCE OF			
		PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO DEAT	IH BUT NOT RELATED TO THE TERMINAL DISI	EASE OR CONDITION GIVEN IN PART 1 10		
	O.						
	CERTIFICATION	19a. DATE OF OPERA	TION 196. CONE	DITION FOR WHICH OPERATION	WAS PERFORMED?		2D AUTOPSY?
5	- 1	21g EXTERNAL CAUS	SEWAS 216. TIME (	OF INJURY 1214	HOW INJURY OCCURRED (ENTER NA	ATURE OF INHURY IN ITEM 18 PART 1 O	YES NO
5		UNDERLYING CONTRIBUTING	OR HOUR A.	M. MONTH DAY YEAR	TO THE PORT OF COURSE OF THE PORT OF THE P	THE STREET STREET STREET	*
	MEDICAL	214 INTURY OCCUPE	PED 21a PLACE	OF INJURY (AT HOME, 21f.	LOCATION		
	Z	WHILE NOT AT W	WHILE STREET, FA	ACTORY CARM, ETC )	STREET	CITY OR TOWN	COUNTY STA
		Territoria 2 (1) 1 (1) (2) (1)	I took charge of the remains d	escribed above, held on Ave	bsy X, Inspection .	Inquiry . and in my	y apinian
	13	death resulted traff	Notural coules XX	Acquist 27 Suicide	7	mined monner .	
2		/	1/1,-	WALT	TITLE (SPECIFY)		
4		SIGNATURE	Mouro	THE MAN	M. Deputy ChiefAEDK	TAL EXAMINER SIC	TE 1/12/82
1		EXAMINER'S NAME (TYPE OR PRINT)	Thomas D.	Smith, M.D.	_ADDRESS_ III Penn	St. Balto.,	MD.
	23a.E	BURIAL, CREMATION, R		23c. NAME OF CEMETERY	OR CREMATORY 23d LOC	RIOWN	COUNTY STATE
		urial	1/15/82	Ft. Lincoln		entwood P.G.	
	24	rancis Gas	ch's Sons Fund	eral Home, A.		1982 James 1982	rs signature
1		Jacob III.	Log wild		JAN 19	1306 Crisinces	the Marthen

was and a Tanmil Symmetri encourse it. "nin the therit Continue the booking the bearing at the control of Fruncia Giorni - Your unart Lond, . . .

. K	1 - STA	R			DEPARTM		LTH AND M	ENTAL HYGIE	NE 2	0 2	5 3	4
~	REC 1. DECEA	SED NAME	FIRST	ME	MIDDLE	AMINER	S CERTIFIC	CATE OF DE	ATH REG	NO. MONTH	DAY YEAR	26 HOUR
100 A 2 H	(TYPE OR	PRINT)	CARL		,		ROUSER		OF ESTI- DEATH MATED	₩ 1-3-	1982	
IN FOR	3. SEX	4, 6	RACE	5. DATE OF BIRTH			FUNDER 1 YR.	IF UNDER 24 HRS	. 2c. DATE	MONTH	DAY YEAR	2d 1300
0220 B	MALI	FF	BLACK	9-8-14		7 YRS.	MONTHS DAYS	HOURS MIN.	PRONOUNCED DEAD	1-3	1982	7A A
AND	7a. BIRTH	PLACE (STATE		76. CITIZEN OF W	HAT COUNTR	V? 8	ARRIED NE	VER MARRIED	9. BALTIMORE CIT	Y OR COUNT		
DAY WAY	Wasi	hington	, D.C.	U. S.	A -	WI	OOWED K	DIVORCED	PRINCE G	EORGES		M
ON BEARING	IO. CITY (	OR TOWN OF	DEATH	11. NAME OF HOS	PITAL, NURSI	NG HOME, OR	OTHER INSTITU		SUAL OCCUPATION PRINGST OF WORKING LIFE)	(TYPE OF WORK	OR INDUST	
MY DELAY IS DO 3 TO THE TAIN PAGE UND BE PILED	TAK	OMA PAR	RK		7333 NE	W HAMPS	HIRE AV	ENUE W	aiter			
SEE SO	13e STAT	E	13b. COUN		13c CITY OF	RTOWN	13d INSIDE C		TREET ADDRESS			
SECRET O		vland	Princ	e George	Takon	Park	YES.		33 New Ham	pshire	Ave #10	005
7 40		ER'S NAME		MIDDLE	LAS	т	F	ER'S MAIDEN NAA	WIDDLE		ŁAST	
876 I		cles Ro	VER IN U.S. AR	MED EORCESS	TIES SOCIA	L SECURITY NO	Ophe.	lia Kenne	edy ADDR	DECC		737
( 0	(YES, N	O, OR UNKNOWN		WAR OR DATES)		.8 <b>–1</b> 869					37 7.7	
)	Yes	CALISE OF D	EATH /Sate	1			Anna	M. Whar	ton, 503 S	Street	N. W.	
, KE	10.	PART I DEATI	H WAS CAUSEI	ly one cause per line DBY:		nd (c).)					BETWEEN ONSE	T AND DEATH
ALONG IT PERM YGIENE OVAL.		492	OMMEDIAT	E CAUSE (a EMP	AS A CONSE	OUENCE OF						
TO TS			if any, which									
EXAMINER EXAMINER IIAL - TRANS O MENTAL H ON, OR REA		cause (a) sta	ta immediate	(b)	AS A CONSE	QUENCE OF						
EF MEDICAL EXAMINER SED AS A BURIAL - TRANS F HEALTH AND MENTAL PA AL, CREMATION, OR REA	9	lying cause I	ast.	(c)							100	
A N	PA	RT 2 OTNER SIGNIF	ICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED	TO THE TERMINAL E	ISEASE OR CONDITIO	N GIVEN IN PART 1 a.			1	
REVEN		OBESIT										
A P	190	DATE OF OP	ERATION	196 CONDI	TION FOR WH	IICH OPERATIO	N WAS PERFOR	MED?			20 AUTOPSY	?
DEPARTMENT OF HE	THE L										YES 🗆	Хои
20	13 1	B. EXTERNAL C NDERLYING	eren.	216. TIME O HOUR A.A	N. MONTH D.		L HOW INJURY	OCCURRED LENTE	R NATURE OF INJURY IN ITEM	M 18 PART I OR PAR	7 2)	
S.	S CC	ONTRIBUTING	CAUSE OF			19						
	WED W	HILE N	OT WHILE	STORET FAC	OF INJURY ( TORY, FARM, ETC.)	AT HOME. 21	LOCATION		CITY OR TOWN	cou	NTY	STATE
<	AT		TWORK									
HE STA ND, 213		22a   certify th		e af the remains de	cribed abave,	held an A	utapsy .	Inspection X,	Inquiry X	ond in my opi	nion	
ECTOR: PAGE 3 SH TH THE STATE DEPA TLAND, 21201 PRI	d	eath resulted f	ram: Natur	al causes X,	Accident [	], Suicide	, Hamid	tide . Unde	etermined manner	],		
PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2	100	TUAL /	There	Ma V	X.	cu.	_ `	PECIFY)				
RE, /		GNATURE	Puche	1000	roug	July	M.D. Depu	ityme	DICAL EXAMINER	SIGNED		
NO NO	EX.	AMINER'S NA	ME Augus	to P. Rod	riguel	. 4	50	009 Raybu	rn Court,	cemple 1	Hills.	748 Md.
ATTE		PE OR PRINT)			V		ADDRESS_			Α		
4, 60	(SPECI	al, CREMATIO FY) <b>'ial</b>	N, REMOVAL 2				RY OR CREMATO	ORY 23d. L	LOCATION TY OR TOWN	COUN	_	TATE
		RAL DIRECTO	R	7 Jan 82	1432	U St.,	In Cemet	250. DATE REC'D. I	adensburg	P.G.	Co. Md	•
7 (5))	W. P	Ernest	Jarvis	Co., Inc.			D.C.	JAN11	BY REGISTRAR 256 R		or.	
80					,				יייטר טוייטית	~~ XLEL	1 talke	14

The and enthough was fill a company to the amount of the fill and the Fig-19-1669 Spns M. Marten, 503 S Street, M. M., N.

nurici de V. an 82 Port Marcela emocusy Elecansiums, 1.0. Co., Ed., L. d., L. d

1 -	STATE OF MARYLAND	1 1
1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 2	3 7 0
	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
		DAY YEAR 126 HOU
	OF ESTI-	17 02
3 S		B1 19 82
	MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED	DAY YEAR 15 HG
		31 19 82 p.
70	BIRTHPLACE (STATE OR FOREIGN COUNTRY)  76. CITIZEN OF WHAT COUNTRY?  8. MARRIED X NEVER MARRIED   9. BALTIMORE CITY OR COUNTY	OF DEATH
1	West Virginia USA WDOWED DNORCED Prince George	10
	CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 128 USUAL OCCUPATION (TYPE OF WORK 1/2	b. KIND OF BUSINESS
10	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING (IFE)	OR INDUSTRY
	Clinton Southern Maryland Hospital D. C. Police - Result Residence (if in nursing home or other institution, give residence serves admission)	etired
	STATE 136. COUNTY 136. CITY OR TOWN 136. INSIDE (ITY LIMITS? 136. STREET ADDRESS	
L	Md. PG Temple Hill Syes No 5909 John Adams	Drive
14.	FATHER'S NAME 15. MOTHER'S MAIDEN NAME	
	Toba	LAST
160.	WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
	(YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	Above
		ame as
	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (a) Hypertensive arteriosclerotic cardiovascular	
	4029 (RHXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
	Conditions, it any, which	
	gave rise to immediate (b) UISEASE  cause (a) stating the under-  DUE TO, OR AS A CONSEQUENCE OF	
	lying couse last.	A STATE OF THE STA
	(c)	
-	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10	
MEDICAL CERTIFICATION		
Y	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
N.		YES NO X
3	210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2	
0	UNDERLYING OR HOUR A.M. MONTH DAY YEAR	
NC.	CONTRIBUTING CAUSE OF DEATH P.M. 19	
AED	21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME, 211 LOCATION STREET, FACTORY, FARM, ETC.) 21e PLACE OF INJURY (ATHOME, 211 LOCATION STREET CITY OR TOWN COUNT	TY STATE
*	AT WORK AT WORK	STATE
	270   Certify that I took charge of the remains described above, held an Autopsy Inspection X, Inquiry X and in my apin	
		ian
	death resulted fram: Natural causes X., Accident, Suicide, Hamicide Undetermined manner,	
	ACTUAL THEORY TO THE (SPECIFY)	2/2/2000
1	SIGNATURE MEDICAL EXAMINER DATE SIGNED.	2/1/1982
		T + :
-	(TYPE OR PRINT) Augusto P. Rodriguez, M.D. ADDRESS 5009 Rayburn Court, Temple	Hills. Md
23a		
	(SPECIFY) • CUITY OR TOWN COUNTY	STATE
24	EUNEPAL DIECTOR	n, W. Va.
14	NAME Robt E Wilhelm 4308 Suitland	
	Funeral Home Rd., Suitland, Md.	

		FOR			DEPARTA	STAT		ARYLAND AND MEI		YGIENI			0 0	)	9	1	
		STATE REGISTRAR				XAMINE				6.4	diam'	REG.	NO.	• -			
		CEASED NAME E OR PRINT)	RUSSE	LL	MIDDLE P	S	SAND	IDGE		[2	OF	KNOWN ESTI- MATED	MONI	H DAY	YEAR 82	2b HOUR	
	3. SEX		egro	Sept. 2	YEAR	6. AGE (IN YEAR LAST BIRTHDAY 63 YRS	MONTH		F UNDER :		RONOUN DEAD	NCED	MONTH	11		и ноик 3: 26	
33.		RTHPLACE (STATE REIGN-COUNTRY)	OR	75. CITIZEN OF WE	IAT COUN	TRY?	MARRI		ER MARRIE DIVORCE	ED L			Georg			13.	
36		ty or town of t		II. NAME OF HOS GIE NOT IN SUCH EAR Southern	Mary	SING HOME,	OR OTHE	RINSTITUTE		12a. USU. FOR M	OST OF WOR	PATION ( RKING LIFE)  ment	TYPE OF WOR	0	IND OF BU R INDUSTR	RY	
35	13a. S		_ 136 COUNT	R OTHER INSTITUTION, GIV TY		BEFORE ADMISSION OR IOWN COKEEK		13d INSIDE CITY		13e STRE	ET ADDRE	ESS	igsto	n R	oad		
0	Ge	THER'S NAME FIRST COTGE		MIDDLE		<sup>AST</sup> ididge		15. MOTHER FIRS	y	NAME	~	NODLE		R	ay		
	(Y	/AS DECEASED EV S, NO, OR UNKNOWN) Ces	VER IN U.S. ARA	MED FORCES? WAR OR DATES)		-16-7		Sara		ndid	lge <sup>1</sup>	75Ti	Liy keek	ing	ingston Rd.		
		Record of DEATH (Enter only one couse per line for (o), (b), and (c).)   PART I DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (a)									BETY	approximate ween onset	AND DEATH				
E. THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HO E. WRITING THE WORD? "PENDING" IN PENCIL IN ITEM I WARDED TO THE CHIEF MEDICAL EXAMINER ALONG PROPER 3 SHOULD BE USED AS A BURIAL -TRANSIT PERMI STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	CERTIFICATION	19a. DATE OF OP	3300		INTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?								20 AUTOPSY?				
3		21a. EXTERNAL C UNDERLYING CONTRIBUTING	OR	HOUR A.M.	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19									YES 🗌	NOX		
	MEDICAL	21d. INJURY OCC WHILE NAT WORK	OT WHILE T	STREET FACT	E PLACE OF INJURY (AT HOME. 21f LOCATION  STREET, FACTORY, FARM, ETC.)  STREET CITY OR TOWN							COUNTY STATE					
2	22.00	220 I certify the death resulted for ACTUAL SIGNATURE	Noture Noture	e of the remains desc al causes X. to P. Rod	Accident Car rigue	Suici		Homicid TITLE (SPE D. Depu	ty 09 Ra	Undeter		anner	ond in my  ,  DAT SIGN Temp]	E NED 1	/11/1 20 ills,	982 748	
BALTIMORE, M	Bi	rial		Jan.14'8		AME OF CEME			( )	CITY O	elt.	enha		G.		ATE	
))	24. F	INERAL DIRECTOR	?	ral Höffie				25	"JAN	TCT 3	1982	R	enty	EMEDIA	Man Ov		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remake carbanappers: Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, or removal.

5	TA	TE	OF	M.	ARYL	AND	
	-						

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

JAN 2 5 1982 There of the state of the state

1	1	- STATE REGISTRAR		CERTIF	CATE OF DEATH		REG. NO.			
1)		ECEASED NAME FIRST	WIDDLE	1	ST	20 DATE C	DE DEATH MON	ITH DAY	YEAR	2b HOUR
1		EDNA	M.	SA	NFORD		JAI	N 20	1982	1:00p M
	3 SE	X	4 RACE	5. DATE C	-		YEARS LAST BIRTHDAY	r) IF U	NOER I YEAR	IF UNDER 24 HRS
	1	FEMALE	CAU	OCT	04 1899		82	YRS.	INS DAYS	HOURS MIN.
e - Ce		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8	□ NEVER MARRIED	9 BALTIM	ORE CITY OR CO		DEATH	
5 10		RTH CAROLINA	USA	WIDOWE			E GEORGI	E'S C	YTMIIC	MD.
DC ified	1	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE		R OTHER INSTITUTION	12a USUAL	LOCCUPATION ORK FOR MOST OF WOR			F BUSINESS OR
840		NDREWS AFB	MALCOLM GROW US	SAF MEI	ICAL CENTE	R HOUSE			AT H	OME
435 435	130 MA	ARYLAND PRING	ROTHER INSTITUTION GIVE RESIDENCE BEFO NTY 13c. CITY OR TO CE GEORGE CAMP S	WN	13d INSIDE CITY LIMIT		ADDRESS KEPPLER	RD		
E 1	14. F/	ATHER'S NAME FIRST	MIDDLE LAST		15 MOTHER'S MAIDEL		WIDDLE	1		
1200		JOHN EM	MET BRADY		LYDIA		WIDDLE		THO	
dical		WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SEC	URITY NO.	17. INFORMANT	5505	KEPPLER	RD		
E		NO	TE TON DATES		MARY V. BU	_			20748	
y injury, ar ather trauma	VIION	Conditions, it day, which gove rise to immediate cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS A CONSEOU  (b)  DUE TO, OR AS A CONSEOU  (c)  CONDITIONS CONTRIBUTING TO	DEATH BUT I	NOT RELATED TO THE	TERMINAL DISEAS	300			
Suo swot	RTIFICATION	THE DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION	WAS PERFORMED	200 AÜT		. IF YES, WI CERTIFYING YES	G CAUSES	OF DEATH?
or Item 18 st	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED		DAY YEAR	21¢ HOW INJURY OC	CCURRED (ENTERN	ATURE OF INJURY IN IT	EM TR PART T	OR PART 2)	
is morked o	ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE,		STREET		CITY OR TOWN		COUNTY	STATE
IMPORTANT: If Item 21 is mo		27a. I certify that (I) (this hosping saw the deceased alive on above, (br(we) (did) (dichard). Signature of the same control	JAN 20 yr view the body ofter death.			inion death occurre	STAFF PHYSICIAN	X	22c. DATE:	SIGNED
APORTA		The same of the sa	CAPT, USAF, MC		22e ADDRESS MAL AND	COLM GROUREWS AFB			L CEN	VTER
≤	23a. E	BURIAL, CREMATION, REMOVAL			metery or cremato		ATION Y OR TOWN AMSEUT	cc	"N". Ca	arolina

George P. Kalas Funeral Home Oxon Hill Rd.

BP. DHMH - 16 50M 1/B1 (VRA 15, 4)

1/21/82 1/20/82 Sunder Engli Cenetory Sempour r i tur . Colored Veorec L. W. Lan uneral Hometan Hill Ht.

		FOR	D	EPARTMENT OF	HEALTH	AND MENTAL H	YGIENE			7 5		1 19	3
Je .		STATE REGISTRAR	MED	ICAL EXAMIN	IER'S C	ERTIFICATE O	F DEAT	TH T	REG. NO	0.	in to		0
		CEASED NAME FIRST		WIDDLE		LAST	20	a. DATE KN	NOWN I	_	DAY	YEAR	26 HOUR
OR OUR FILES. PRESTON STREET,	(11)	e OR PRINTI Virgini	ia Ma	10		Sater	3.4	OF E	ATED	1	09	19 82	
282	3. SE)		5. DATE OF BIRTH	6. AGE (IN YE	ARS IF UN	DER 1 YR. IF UNDER		c. DATE		MONTH	DAY	YEAR	2d. HOUR
SN	Fo	male Caucasian	9 12	1926 55 Y		S DAYS HOURS	MIN. P	RONOUNCI DE AD	ED	1	09	19 82	12:15
	70 B	RTHPLACE (STATE OR	76. CITIZEN OF WH		1.	ED X NEVER MARRI	9	BALTIMO	RE CITY C	R COUN	ITY OF D		1 8 . //
	So	uth Carolina	U.S.A.		WIDOW			P	rinc	e Ge	orge	· s	
		TY OR TOWN OF DEATH	11. NAME OF HOSP	ITAL, NURSING HOM			12a USUA	AL OCCUPA	TION (TYP		12b KI	ND OF BU	SINESS
0	0	linton		en Street			Hom	emake	G LIFE		Hom	R INDUSTR L <b>e</b>	ξΥ
-	USUA	L RESIDENCE (IF IN NURSING HOME OR	OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISSI	ION)	1							
5		ryland Pr. G	eo.	Clinton		YES NO	790	2 Gre	en S	Stre	et		
20	Pe	ters McCormick	MIDDLE	LAST		Linnie	Mill Mill	er Midd	DLE			LAST	
	130	VAS DECEASED EVER IN U.S. ARM	ED FORCES?	166. SOCIAL SECURIT		17. INFORMANT			ADDRESS		63.66	of St	
	No	ES, NO, OR UNKNOWN) (LEYES AVE W		245-22-8	069	Walter 1	H. S	ater	San	ne A	s #	13-A	A-E
		18. CAUSE OF DEATH (Enter anly	ane cause per line f	ar (o), (b), and (c).)							BETY	PPROXIMATE WEEN ONSET	INTERVAL AND DEATH
		PART I DEATH WAS CAUSED	E CAUSE (o) Oat	cell card	cinom	a of the lu	ung	1750					
MOVAL.	1	1629	DUE TO, OR A	S A CONSEQUENCE	OF		centil.	100					
THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIES AND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL	3	Conditions, if ony, which gave rise to immediate	(b)										
		cause (a) stoting the under-	DUE TO, OR A	S A CONSEQUENCE	OF			Also De	(F. 14)	110			
	100	lying couse last.	(c)										
		PART 2 OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BI	IT NOT RELATED TO THE TERM	AINAL OISEASE	OR CONDITION GIVEN IN PAR	RT I a .						
	NO												
	AT	190. DATE OF OPERATION	196. CONDITI	ON FOR WHICH OPER	RATIONW	AS PERFORMED?			2		20 A	AUTOPSY?	
1	TEK.		7.0									YES 🔀	NOLT
5	MEDICAL CERTIFICATION	210. EXTERNAL CAUSE WAS	216. TIME OF		21c. HC	OW INJURY OCCURRED	D (ENTERNA	ATURE OF INJURY	Y IN ITEM 18	PART 1 OR P			
)	M	UNDERLYING OR CONTRIBUTING CAUSE OF D		MONTH DAY YEAR	K								
	EDIC	214 INJURY OCCURRED	21e PLACE O	FINJURY (ATHOME,		CATION							1.11
	X	WHILE NOT WHILE D	STREET, FACTO	RY, FARM, ETC.)	S	TREET		CITY OR TOWN		C	OUNTY		STATE
					1		ГХ		5	7 12			
		22a I certify that I took charge	[37]		Autop			inquiry L	,on	d in my c	pinion		
		death resulted from: Natura	al couses [A],	Accident L., Su	vicide	. Homicide .	Undeter	rmined mann	ner .				
		ACTUAL ALICENA	to Qu	June 110	/	Deputy				DATE	1	/9/19	82
-		SIGNATURE ACCOUNT	10/1	my	M	D. Departy	MEDIC	CALEXAMIN	IER	SIGN			748
1	-	EXAMINER'S NAME	/	. //	7	E000 7	and	0	ander IT	omn 7	0 114		
-		(TYPE OR PRINT) MUEUS		riguez, M.		ADDRESS 5009 R			Lt, 1	emp.	е н:	IIIS,	Ma.
	23e.B	Burial Ja	DATE 12	23c. NAME OF CE			23d. LOC	ATION R TOWN	ha	-50	UNTI	111	Ver
						rans Cem.		eTter		-	d	VOY.	MD
	400	UNERAL DIRECTOR Lee F		lome, Inc		250. DATE R	REC'D. BY R	REGISTRAR	REGI	\$0 X	ALL Y	MANAGE	
20	33	Old Alexande	r Ferry	Kd., Cli	ntor	AND JAN	13	1305 6	100	0			
	_												

STATE OF MARYLAND

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CHAMBERS FUNERAL

STATE OF MARYLAND

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BP. DHMH - 16 50M 7/77 (VR A 15 (4)) FOR STATE

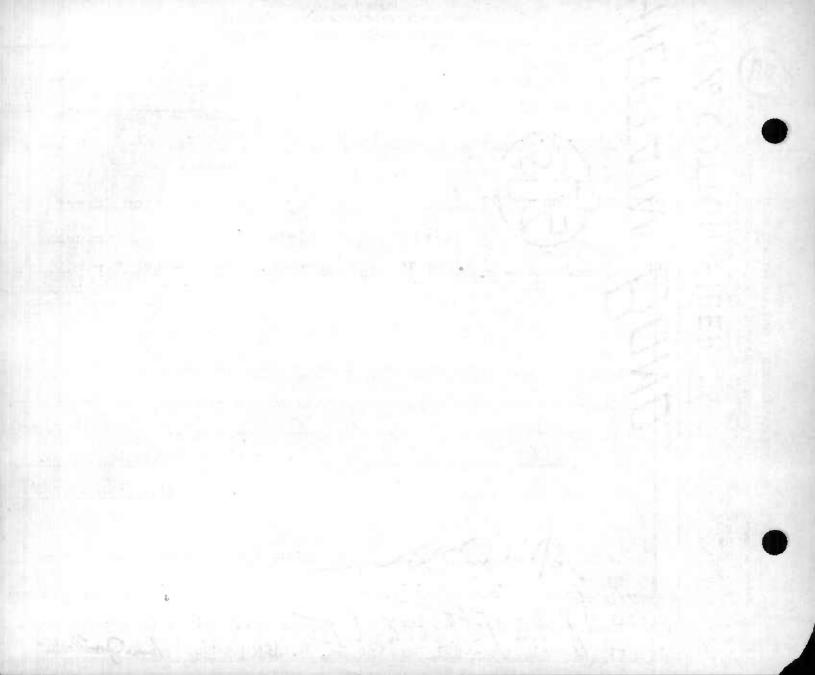
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DADTMENT	OF	uc	ART	TU A	MID	MENT	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

-1		REGISTRAK		<b>4-11.</b>		REG. NO.				
1		CEASED NAME FIRST	MIODLE	t/	AST	2a. DATE OF DEATH M	ONTH OAY	YEAR	2b HOUR	D
1	(TIPE	SAD	IE	St	IARPE.	JA	N. 16,	82	7:20	M
-[	3 SEX	(	4 RACE	5 DATE O		6. AGE (IN YEARS LAST BIRTHE	DAY) IF UN	JOFR I YEAR	IF UNOFR 24 H	HRS
		F	Black	Aug	18.1882	99	YRS	HS OAYS	HOURS	W.
1		RTHPLACE (STATE OR FOREIGN	16 CITIZEN OF WHAT COUN	ITRY? 8	NEVER MARRIED	9. BALTIMORE CITY OR	COUNTY OF	DEATH		
6		Md.	U.S.A.	WIDOWE	DIVORCED [	PRINCE	Geor	925	3	MD.
,	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI		OR OTHER INSTITUTION	12a USUAL OCCUPATIO		H. KIND O	F BUSINESS	OR
1		LINTON	50. mp. H	63P CE	NTER	Unemploy		Nor	1e	
-		AL RESIDENCE (IF NURSING HOME OR ITATE 136 COUN	VTY 13c CITY OR	TOWN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS				
2	14.54	Md.	P.G.Glen	Arden	YES NO	7928 Ech	ols Av	7e.		
			MIDDLE LAS	T	15. MOTHER'S MAIDEN NA FIRST	WIOOTE		LAS	T	
4		John	Smallwo			Unknown	0000	2 1 1		
1			E WAR OR DATES)	SECURITY NO.	17. INFORMANT	ADDRES	7928 I	schol	LS AV	e.
4		No	578-1	2-9408	George Sma	llwood-Gle	n Arde			
1		18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	ily one couse per luie for the			M.	19	SETWEEN C	MATE INTERVAL DISET AND DEA	ATH
			TE CAUSE (o)	hone	my zaces	not .			-	_
		5860	DUE TO, OR AS A CONS	EQUENCE OF	0.1 6	11 6	1			
		Conditions, if ony, which	( 16)/12/1-	esse	2 cer ne	(den o	and	w		
		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONS	SEQUENCE OF	1 .0 .	A.	1			
9		underlying couse lost.	(c) fer	-a 7	in tweet.	- O rem	194			
	7	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDI	TION GIVEN II	N PART 110	,1	
	TIO	non ce	- V	1 Lec	neuvers	auro				
1	ICA	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WE			,
4	CERTIFICATION	a) ACCIDENT MAS UNIDER WIND	The Continue		121. HOW BUILDY OCCUP	YES NO	YES [		NO 🗌	
1		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY HOUR A.M. MONTH	H DAY YEAR	ZIE HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18, PART )	OR PART 2)		
	CA	(IF EITHER, NOTIFY MEDICAL EXAMINER)		19	The second second					
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN		OUNTY	STATE	
		AT WORK					,			
		22a.1 certify that (1) (this hospi	1///	( )	19	, to	. 19_		that (I) (we)	
		obove, (I) (we) (did) (did no	t view the body ofter death.	0 -	d that in (my) (our) opinion	deoth occurred on the dot	e ond nour ond		- e roma	d
	24	276 SIGNATURE			DEGREE ATTENDING :	MEDICAL STAFF	2012	22c. DATE	SIGNED	
4		10/11/0	me, pro	2	PHYSICIAN	DIRECTOR   PHYSICIA	AN 🗌	1//	61 Y	-
П	1	22d PHYSIGIAN'S NAME (TYPE O	IR PRINT)	./	22e ADDRESS	06561		nel	2 112	1
		1268	11021/8N		7 6 55	24 101			209	-51
	23a. B	SURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	coul	NTY	STATE	
	24 51	Burial	1-20-82	narmon	ny Mem. Cem	The same of the sa		Md	efet.	
	24 FU	JNERAL DIRECTOR	ADDRE	iss a		REC'D. BY REGISTRAR	Trum	A STATE OF	Salar Charles	
	H	. S. WASHINGTO	N+ SONS 492	5 BUKRI	OUGHS AVEN, E	- PANE	-	801		

		HE HALLES	
59	18,1682	. W/Ac Noell	
		.A.a.t	
laminioyed Lone		S DE HUY CON	
.ova stode aco.		nabřa nafe.	
Union even		Serliwood.	The state of the s
Weel-Glen Aren. Mt			No.

110				ST.	ATE OF A	ARYLAND			10 M		
11	FOR - STATE			DEPARTMENT OF				No. 10 10	U	4 -> >	10
	REGISTRAR		MEI	DICAL EXAMI	NER'S	ERTIFICAT	E OF DEA	ATH REG	. NO.		
	DECEASED NAME	FIRST		MIDDLE		LAST		20. DATE KNOW!	MONTH		
		MICHELLE		D.	SH	IELDS		DEATH MATED	□ 1	2 198	2
3, 3	SEX 4. RA	CE S. D.	ATE OF BIRTH		YEARS IF UP		NDER 24 HRS.	2c. DATE	MONTH		
4	emale ne		uly 19	arter pirit		15 DAYS HOU	RS MIN.	PRONOUNCED DEAD	1	2 198	2 9:40
7e	BIRTHPLACE (STATE OR	7b. C	TIZEN OF WI	HAT COUNTRY?	Ta .			9. BALTIMORE CI	TY OR COU		
1	FOREIGN COUNTRY) Vashingto	D	USA		WIDOW	ED NEVERA	ORCED	Deises C		- Causal	
10.	CITY OR TOWN OF DE			A PITAL, NURSING HOA				Prince G			
		(	IF NOT IN SUCH FA	CILITY, GIVE STREET ADDRESS			FOR	MOST OF WORKING LIFE)	,	OR INDU	
LIS	Oxon Hill	URSING HOME OF OTHE		ngton St.	SIONI		St	udent			
130	STATE	136. COUNTY		13t. CITY OR TOWN	31014)	13d. INSIDE CITY LIM		EET ADDRESS			
	Maryland	0xon	Hill\C	1			81		ton	Street	
14	FATHER'S NAME FIRST	M IDI	DLE	LAST		15. MOTHER'S A	AAIDEN NAME	MIDDLE		LAST	
H	Marry			Shields		Shirl	ev		S	traugh	n
160	(YES, NO, OR UNKNOWN)	R IN U.S. ARMED F	FORCES?	16b. SOCIAL SECUR	ITY NO.	17. INFORMANT		ADDR	RESS		
L	no	17-17-		214 70 9	802	Harry	L. Sh:	ields-5	108 F	irst P	lace
	18 CAUSE OF DEA	TH (Enter anly ane	cause per line	far (a), (b), and (c).)				N.W.	#17	D CAPPROXIM	ATE INTERVAL
П	PARTIDEATH	WAS CAUSED BY:	USE (a) AS	phyxia						501110111011	Ser and service
П	19/23/	) (		AS A CONSEQUENCE	OF						
1	Canditians, if		(L) St	rangulatio	n and	suhmers	ion				
	cause (a) statin	g the under-		AS A CONSEQUENCE		Subiliors	1011				
	lying cause los		(-)								
	PART 2 OTHER SIGNIFICA	NT CONDITIONS CONTRI	IBUTING TO DEATH	RUT NOT RELATED TO THE TE	ZARZIO LANIMO	OR CONDITION GIVEN	IN PART 1 in				
13		3-					THE TAKE TO U.S.				
1 3	19a. DATE OF OPER	ATION	TI96 CONDIT	TION FOR WHICH OP	RATION W	AS PERFORMED?				20 AUTOPS	SY2
1											
MOITS CHARLES	21a EXTERNAL CAL	JSE WAS	21b. TIME OF	INTURY	21, 14	OW IN HIPV OCC	HIDDED SENTER	NATURE OF INJURY IN ITE	M 18 DAPT 1 CO.	YES X	NO
				XMONTH DAY YE	AR						
1	CONTRIBUTING  21d INJURY OCCU		P.M	- 170		Ject str	angled	& submer	ged In	bathtu	D.
	WHILE NO	T WHILE		ORY, FARM, ETC.)	3	TREET		CITY OR TOWN		OUNTY	STATE
		WORK X	home		817	Irvingt	on St.	,0xon Hil	l, Prin	nce Geor	
	220 1 certify that	I taak charge of t	he remains des	cribed abave, held an	Autap	sy X. Insp	ection .	Inquiry ,	and in my	apınian	Md.
	death resulted fra				uicide	, Hamicide		ermined manner	<b>]</b> , '		
		An	-		,,,,,	TITLE (SPECIF	_				
	ACTUAL SIGNATURE	//\V\	1	MA				ICAL EXAMINER	DATI		-82
	JOHATORE	1	7	70		.0.1100101			SIGN	NED	0.1
-	EXAMINER'S NAM	Ann	M. Dix	on, M.D.		ADDRESS	111	Penn St.			
23	BURIAL, CREMATION	MEMOVAL ZIA DA	ATE 3	A WAL NAME OF C	EMETERY O	R CREMATORY	123d. i.C	OCATION OR TOWN		<del></del>	
	(SPECIFY)	1 1	to	4	1		CITY			UNIY	STATE
24	Burial FUNERAL DIRECTOR	JAM91	100	17759	D ME	777 130	ATE REC'D BY	Suitlan REGISTRAR 1256		SIGNATURE	
100	NAME	Touch	Attitud	COLD	V	4	LAMIT		1 .	Jun Mari	lan
5	tewart F/	rieral 1	Home-4	001 Benn	TUG	d. N.E.	JAN	1982 4	were 7		A SAME



(marces)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

REGISTRAR

- STATE

DHMH-16 25M

(VRA 15, 4) 1/79

Hines/Rinaldi Funeral Home

Lating Magordal Septimized Mer. Fed. Nowt. Jacob Sitmons Reduct (Simons 570-30-7259 Edin Simons -wife- (some es 15s) DEGI .8 .HET MIS to stop Th., Butto., M. Human Human I. Come Tome Library Cometter to the Company of the Co

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10	1	FOR	05 3/12/			OF MARYLAND	curur 3 2	0	2 5	9 9
71-	1	- STATE REGISTRAR		DEPART		EALTH AND MENTAL HY	REG. N			
		CEASED NAME FIRST		MIDDLE	- 1	AST	20. DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
deoth deoth	(1A)	RALI	PH.	A	SMITH	I		1 1:	3 821	1:55P
fer d	3 SI		4 RACE		MONTH	F BIRTH 21st	6 AGE (IN YEARS LAS IN		FUNDER I YEAR	IF UNDER 24 HR
		Male	Whi		June	2 1910	71	YRS		
7:	4	IRTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY	MARRIEI	NEVER MARRIED	9 BALTIMORE CITY C		OF DEATH	
	10.0	Oklahoma	USA		WIDOWE	D DIVORCED D	Prince Ge	orges	12k KIND OF	BUSINESSOF
86		Clinton	Southe	ern Mary	land	Hospital	Lawyer	OF WORKING LIFE)	US GO	ov't
35	13a M	-	NE OR OTHER INSTITUTION OUNTY  C Geo	130 CITY OR ION	RE ADMISSION)	134. INSIDE CITY LIMITS?	130. 2911 DORESS	inkle	y Road	£
lol	14. F	ATHER'S NAME	MIDDLE	LAST,		15 MOTHER'S MAIDEN NA			Powe'	7 7
Oi.	_		A	Smith		Catheri			Powe.	LI
1		WAS DECEASED EVER IN U.S. (YES, NOOR UNKNOWN) (IEVES) (IEVES)	ARMED FORCES?	166 SOCIAL SEC 487 07		Nancy M S	mith San	ne as	#13	
		18 CAUSE OF DEATH (Enter	USED BY:	r line for (o), (b) o	nd (c TVER	FAILURE		el W	DAY	MATE INTERVAL INSET AND DEATH
		1 K M	DIATE CAUSE (0)					5.550	DAY	5
		Conditions, if ony, which	( ,b)_1	MÊTASTA	TICC	ARCINOMA O	F LIVER@		WEE	KS
		gove rise to immediate couse (a), stating the underlying couse last				PANCREAS			MON	THS.
Ĭ,	z	PART 2 OTHER SIGNIFICAL CHRONIC OB	107				MINAL DISEASE OR CON	DITION GIVE	PATLU	RE.
-	CERTIFICATION	190. DATE OF OPERATION				N WAS PERFORMED	20a AUTOPSY?	20b. IF YES,	WERE FINDIN	GS USED
L	H						YES NOW	IN CERTIFY	ING CAUSES	OF DEATH?
G	2	710. ACCIDENT WAS UNDERLYING	1 110110 1	OF INJURY .M. MONTH [	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	RT 1 OR PART 2)	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAM	AINER) P	.M.	19					He de L
-	MED	21d. INJURY OCCURRED  WHILE NOT WHILE		OF INJURY REET, FACTORY, OFFICE	FARM ETC )	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		AT WORK AT WORK			TAN A	82	Jan.13	}	82	
		220.1 certify that (1) (this has sow the deceased alive	Jan.I	3 deceased from	82	d that in (my) (our) apinion	. 10			hot (1) (we) las
Z W		obove, (I) (we) (did) (did)	d not) view the body	ofter death.		DEGREE	ocom occorred on the d	one one noor	22¢ DATE S	
=		DOLD IN	who have			ATTENDING	MEDICAL STA	FF .		14'82
_	-	22d. PHY ICIAN'S NAME (T	Jus m	2		22e ADDRESS 7900	OLD BRANG	CH AVI		
1		PETER W.YI					ARYLAND 2			
-	230	BURIAL CREMATION REMO		730	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
		Cremation	18Jan	1982	Cedar	Hill Crema	tory Swi	tland	COUNTY MA	rylän
81	24 F	UNERAL DIRECTE	E Wilhe	lm Fune	eral I	Iome 250. g	AN 2 0 1982	256 REDUSTR	HITTHEFTATI	NG.
		Suitlar	nd Mary	land			4,2		_	

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	AN WELL THE SHIP		
		desperieu, v	
	PRINCESO S		
	BRHOXAN MAVA		
			A AND ST
THE PARTY OF THE PARTY OF THE	TO LOCAL TO SERVICE OF THE SERVICE O		

No.	-					MARYLAND	194	0 1 1
5	1-	FOR STATE		DEPARTMENT OF			DEDEATH	2000
	IDI	REGISTRAR CEASED NAME FIRST	ME	MIDDLE	IEK 3 (	IAST	KEO.110.	
		PE OR PRINT		WIDDLE			OF ESTI- DEATH MATED	TH DAY YEAR 26 HOU
	3 SE	X 4 RACE	Zollie Is. DATE OF BIRTH	6. AGE (IN Y	Smi			1-14-82
	3 35	4 RACE	MONTH DAY	YEAR LAST BIRTHO		DER 1 YR. IF UNDER	MIN PRONOUNCED	1-14-82 11:2
	70.8	RTHPLACE (STATE OR black	Nov. 21	,1938 43	RS.		9. BALTIMORE CITY OR CO	
10	FC FC	N.C.	USA			IED NEVER MARE	RIED 🔲	
-		ITY OR TOWN OF DEATH		PITAL, NURSING HOM	WIDOW		112- HEHAL OCCUPATION	TITE KIND OF BUSINESS
+	Ch	everly	Princer	George Soco	, Ho	ospital	Building Servi	OR INDUSTRY  Ce Worker
704-55-71	130. 5	AL RESIDENCE (IF IN NURSING HOME TATE 13b COUI Maryland Lar	or other institution, GIV NTY Idover	13c. CITY OR TOWN	ION)	13d. INSIDE CITY LIMITS? YES NO	13 STREET DADDRESS 1 1 mb i 2	
£	1	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAID FIRST Annie		rdan LAST
_		ZOLLIE WAS DECEASED EVER IN U.S. AI	Smit	h, Sr.	V NO			
-	()		E WAR OR DATES)		8152	Ivan Sm	ith-brother-517 Capi	Clovis Ave.
		18. CAUSE OF DEATH (Enter o PART I DEATH WAS CAUSI	D BV			Barbara a		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
			ATE CAUSE (0)A			cardiovas	scular disease	
		Conditions, it any, which		AS A CONSEQUENCE	OF			
	-	gave rise to immediat	e / (b)					
н		lying couse last.	DUE TO, OR	AS A CONSEQUENCE	OF			
			(c)					
	NO	PART 2 OTNER SIGNIFICANT CONDITION	CONTRIBUTING TO GEATH	BUT NOT RELATED TO THE TERM	AINAL DISEAS	E OR CONDITION GIVEN IN P	ART I (a).	
_	1 \$	190. DATE OF OPERATION	196 CONDIT	ION FOR WHICH OPE	RATION W	'AS PERFORMED?		20 AUTOPSY?
1	F							YES INO
2	MEDICAL CERTIFICATION	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF		MONTH DAY YEA	R 21c. Ho	OW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 O	R PART 2]
	20	214 INJURY OCCURRED	21e PLACE C	DE INJURY (AT HOME.		CATION		
	¥	WHILE NOT WHILE AT WORK	STREET, FACT	ORY, FARM, ETC	S	STREET	CITY OR TOWN	COUNTY STATE
		220. I certify that I took char	ge of the remains des	cribed abave, held on	Autap	sy XX Inspectio	on . Inquiry . and in m	y opinion
í	10	death resulted fram: Nati	ural couses XX,	Accident, So	icide	, Homicide .	Undetermined monner .	
		OT.	1 0	CII A		TITLE (SPECIFY)		15 140,000
			Marko V	me John	M	D. Assistan	MEDICAL EXAMINER SK	TE 1-15-82
_		SIGNATURE W	The second					
5	-	SIGNATURE POL	y ce					
2		EXAMINER'S NAME  EXAMINER'S NAME  EXPENSE OF PRINTY	arita A.	Coroll M.D.		ADDRESS 111	Penn Street	
2	23a.B	EXAMINER'S NAME TYPE OF PRINT	arita A.	23c. NAME OF CE	METERY O	R CREMATORY	123d LOCATION	COUNTY
D-section 1	L	EXAMINER'S NAME TYPE OF PRINT  URIAL, CREMATION REMOVAL SPECIFY BUTIAL	Day /2/	23c. NAME OF CE		R CREMATORY  Mem Cem	etery Suitland	, Maryland
	L	EXAMINER'S NAME TYPE OF PRINT  URIAL, CREMATION REMOVAL SPECIFY)	Day Home-	236. NAME OF CE	METERY O	R CREMATORY  Mem Cem	123d LOCATION	_

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		STATE REGISTRAR	FIRST	N					ATE OF	DEATH		EG. NO.	fine .	, ,	
	(TYP	EASED NAME	FIRST					LAST			JI E31	J. A-		DAY YEAR	2b. HOUI
	-	RGE	1.01.05		_IAM	14 4 05 15	SOWE			_	ATH MATI		1-4 MONTH	1982 DAY YEAR	/
	3. SEX	ALE	4. RACE WHITE	5. DATE OF BIR MONTH D. 7-26-2	AY YEAR	6. AGE (IN YE LAST BIRTHD 56 y	PAY) MONTH	DER 1 YR,	HOURS MI	HRS. 2c. ( PRON DO	DATE NOUNCED AAD		1-4	182	11P A
5		RTHPLACE (ST		76. CITIZEN OF		TRY?	8. MARRII		ER MARRIED					OF DEATH	79 19
0		Pennsy IYOR TOWN INTON	zlvania DE DEATH	11. NAME OF H	H FACILITY, GIVE !	TREET ADDRESS)		R INSTITUT	10N 120	O. USUAL O	F WORKING LIF	N (TYPE O		26 KIND OF BU OR INDUST	JSINESS RY
4			IE IN MINISTER MOME	SOUTHER OR OTHER INSTITUTION				AL.	(	Carpe	enter				
H	13a. S		13b. COUN		13c. CIT	or town		13d. INSIDE (I		STREET A	DDRESS Ceda	rvi	lle	Road	
Į	14. F/	THER'S NAME		MIDDLE		LAST		15. MOTHE	R'S MAIDEN N		MIDDLE			LAST	
1	-	Hen	cy	K.	Sowe	ers			lda			Sti	llin	ger	
	16a. V (Y	VAS DECEASED S, NO, OR UNKNO Yes	EVER IN U.S. AF	RMED FORCES? E WAR OR DATES)		CIAL SECURIT		Wil	Élm Av liam Z	ve., A. Sc	Port	Smo	uth,	И. Н	
		18. CAUSE OF	F DEATH (Enter or ATH WAS CAUSE	nly ane couse per										APPROXIMAT BETWEEN ONSE	
		PARTIDE		TE CAUSE (a)	<b>YPERTEN</b>	ISIVE C	CARDIC	VASCU	LAR DI	SEASE					
		70	27		DUE TO, OR AS A CONSEQUENCE OF										
650	-	gave ris	s, if any, which e to immediate	e / (b)		MALTA									
		couse (a) lying cous	stating the <u>under</u> se lost.	DUE TO,	OR AS A CO	NSEQUENCE	OF								
				(c)											
	NO			CONTRIBUTING TO DE	_					(0),					
7	CERTIFICATION	190 DATE OF	OPERATION	19b. CON	DITION FOR	WHICH OPER	RATION W	AS PERFOR	MED?					20 AUTOPSY	?
9	TE													YES 🗌	NOX
		UNDERLYING	CAUSE WAS OR G CAUSE OF	HOUR	OF INJURY A.M. MONTH P.M.	DAY YEA	R 21c. HC	W INJURY	OCCURRED (	ENTER NATURE	OF INJURY IN I	ITEM 18 PAR	T I OR PART	2)	
	MEDICAL	21d INJURY O		21e PLA	CE OF INJURY FACTORY, FARM, I	(AT HOME,		TATION		CITY	OR TOWN		COUN	ITY	STATE
				ge af the remains	described ob	ove, held an	Autops	у 🔲.	Inspection	, Inc	oiry .	ond	in <b>my</b> apir	nian	
		ara. I certiii								/ <b>\</b>					
		death resulte	d fram Natu	ral causes 🔼 ,	Accident	L, Su	uicide 🔲	Homic	ide 🔲 · U	Indetermine	ed monner				
		death resulte	d fram Natu	ural causes 🔼,	Accident	∐., Si	vicide []	TITLE (SE	PECIFY)	Jndetermine Jndetermine	ed monner	,			
			Augu	ural causes 🔼,	Accident	y suggest	uicide [],		PECIFY)	Jndetermine		,	DATE SIGNED	1-5-82	
40	تسد	death resulte	Augu	isto D	John	que	M.	TITLE (SE	PECIFY)				DATE SIGNED	1-5-82	
		death resulte ACTUAL SIGNATURE EXAMINER'S I (TYPE OR PRIN	NAME USI	0 P. ROL	DRIGUES	MD	M.	TITLE (SIDEPU	PECIFY) TY  OP RAY	MEDICAL E	EXAMINER	MP SF			0748
	23a. B	ACTUAL SIGNATURE EXAMINER'S I (TYPE OR PRIN JRIAL, CREMAT PECIFY)	NAME AUGUST	O P. ROE	DRIGUEV 23c.	M.D.	METERY OF	DEPU	PECIFY) TY  09 RAYI  PRY  2	MEDICAL E	EXAMINER  CT. CAN			S, MD2	0748 TATE
1	(:	death resulted ACTUAL SIGNATURE EXAMINER'S I (ITYPE OR PRIN JRIAL, CREMAT PECIFY) Burial	NAME UST AUGUST ION, REMOVAL L	O P. ROD  23b. DATE  1-9-82	DRIGUEV 23c. Re	M.D.	METERY OF	DEPU	OG RAYI	MEDICAL BURN (  3d. LOCATION CITY OF TOW Hand	CT.CAN	Yo.	COUNT	S, MD2	0 <b>748</b>
The state of the s	24. F	ACTUAL SIGNATURE EXAMINER'S I (ITYPE OR PRIN PRIAL, CREMAT BUTIAL)  NERAL DIRECTOR OF THE PRINCE OF	NAME UST AUGUST ION, REMOVAL L	O P. ROE	DRIGUEZ   236. Re Qe 1 m	M.D.	METERY OF	DEPU ADDRES 50 CCREMATO Ceme tlan	PECIFY) TY  09 RAYI  PRY  2	MEDICAL BURN (  3d. LOCATION CITY OF TOW Hand	CT.CAN	Yo.	COUNT	S, MD2	0 <b>748</b>

MALE VEHICLE TOURS SCHERE WAY

PRINCE GEORGES

CLEWTON SOUTHERN MARYLAND HOSPTAL

HYPERTENSIVE CARDIOVASCULAR DISCASE

ETHYLISM CHRONIC OBSTRUCTIVE PULLVANRY DISEASE

1

AUGUSTO P. ROUGHGUAZY, WIZZY SHOP TAYPERS CT. CAMP SERTIOSS, 14 20748

36		FOR STATE REGISTRAR		DEPARTMENT OF I	E OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH	GIENE 5 2 C	2 6	0 2
231		CEASED NAME FIRST	AYO	- STAP	LES	20. DATE OF DEATH MONTH	DAY YEAR -06-82	6:00AM
Mar	3. SE	x	4. RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
		Male	Blac	k Marc	h 4. 1914	67 YRS	MONTHS DAYS	HOURS MIN.
2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	7c. B	RTHPLACE   STATE OR FOREIGN	76. CITIZEN O	OF WHAT COUNTRY? 8.	D MEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH	
deod hune	10.0	Alabama	U.S	.A. WIDOW	ED DIVORCED	PRINCE GEORGE		
by the filled with		HEVERLY	(IF NOT IN S	OF HOSPITAL, NURSING HOME ( SUCH FACILITY, GIVE STREET ADDRESS)  GEORGE 'S GENE		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	LIFE) INDUSTRY	
be fi	+USU 13e.	AL RESIDENCE (IF NURSING HOASTATE 136. C		ON GIVE RESIDENCE BEFORE ADMISSION)	1134. INSIDE CITY LIMITS?	Agriculture	1 0.8	. Gov't.
filled hould hould			.G. Co.	Seat Pleasant		1212 Nye Stree	t	
d 2 sh	14. F	ATHER'S NAME FIRST	MIDDLE	LAST	15 MOTHER'S MAIDEN NA		LA	ST
old sond		Benny	-	Staples	Elsa	-	McCl	
Pages Pages medical			GIVE WAR OR DATES)		17. INFORMANT	ADDRESS	44	
cion ers. P		Yes  18. CAUSE OF DEATH (Ente	WWII	424-14-6657	Ocie Mae Sta	aples (Wife) Sam		13.
en signed by the attendin Then please remove carb at ta buriol, cremation, ar rinjury, or other troumatio	TION		DUE TO,	OR AS A CONSEQUENCE OF  OR AS A CONSEQUENCE OF  CONTRIBUTING TO DEATH BUT		T metaster		ю.
te hos been sit permit.	CERTIFICATION	190 DATE OF OPERATION	A	IDITION FOR WHICH OPERATIC	N WAS PERFORMED	_ IN CERT	ES, WERE FINDI IFYING CAUSES YES	
s certificate burial-transi Mental Hygi or Item 18 sh		216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CIFE EITHER NOTIFY MEDICAL EXAM	DEATH HOUR	OF INJURY A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 16	PART   OR PART 2)	
the the	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		E OF INJURY STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
ECTOR: Aftered for use os of the off Health of Health om 21 is mark		22a. I certify that (I) (this he saw the deceased alive above, (I) (we) (did) (did) (22b. SIGNATURE)	on 1/5	dy ofter death.	980, 19 nd that in (my) (aur) opinion DEGREE	death occurred on the date and hi	our and from the	
ERAL DIRECTO e detoched for State Dept. of ANT: If them 23		Cin	a K.	Shuh	MD ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c DATE	6/8-E
TO FUNERAL I should be deto with the State [		224 PHYSICIAN'S NAME (T	_	TA	9811 Mal	land Dr La	wel 1	UD 20708
	23a E	SURIAL, CREMATION, REMOVES	AL 23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
P	24.5	Burial	Jan/	11/82   Chelter	ham Veteran's		.G. Co.	
H- 16 50M 1/81 VRA 15, 4)		JNERAL DIRECTOR		ADDRESS	25a. DA	FANDIBYREGIST 25 REGISTAN	STRARE SIGNA	la The
	Ch	ambers Funera	L Home	Riverdale, Mary	rland		0	7 100000

M00:3 (1-d)=10	23,9972	WAY STATE
		ApM
YTHIOS STREETS COUNTY		
ter. A greater.	PRINCE GEORGE'S GENERAL HOSPITAL	CHEVERLY
	2 Co. Filters Tiesters 2	F.E. Wilden
	The state of the s	1
	Complete State Section 19	A SALE

CERTIFICATION OF THE CONTRACT 2011 Cane. A TIMA 1913-68 outh Carolina n'a soni and m Winten Cuth an Unsyland Honrital Housewife of home c. r. coore thought will cuttern ve. U. Rulledne Eeile 07-5 -78-6069 Found . Stoll or same as itom 19 cattle went almost strok Sarania clastractive mulderates dicense and providers alt o Crum regardive septic refractory arcoic perero cerches) swigriyudlaroqia wita multi bo malmal indonotion,lift 238 1 03 . TOTAL TOTAL THE STORY STORY STORY . . . Se Fort BETOS Smaller . not mile 1/2/15 I moitr not mile all with me f-ins

6 I	FO				DEPARTM		OF MARYLA		YGIENE	1 >	- 1	0 2	6 0	2.1
	REG	GISTRAR		ME	DICAL EX	CAMINER	S CERTIFI	CATEO	F DEA	TH	REG. NO	).		
	TYPE OF	ASED NAME	CORA		WIDDLE	Si	EWART		2	OF E	STI-	1 ONTH 1	5°AY 8'2°	2b. HOUR
	3. SEX	4. R/	ACE	5. DATE OF BIRTH	YEAR	AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YR.	IF UNDER		C. DATE RONOUNCE DEAD L	וממו	MONTH	DAY YEAR	8:109
5	FOREIC	HPLACE (STATE OF COUNTRY) yland	BLACK	3-19 -0 76. CITIZEN OF WI	AT COUNTR	^	ARRIED X NE	EVER MARRI	IED 0	BALTIMOR	RE CITY O	1-15 R COUNT EORGE	Y OF DEATH	I A M
13	CHE	OR TOWN OF D		11. NAME OF HOS (IF NOT IN SUCH FA PRINCE G	EORGES	GENERA		NOITU	12a USUA	AL OCCUPAT OST OF WORKING Sewif	TION (TYPE		OR INDUST	MD. ISINESS RY
0	13a STA	residence (if in yelland	136 COUN Blace	densburg	13c. CITY O		13d. INSIDE	CITY LIMITS?	13e. STRE1	t address	h Av	venue	e	
G	Ja	ER'S NAME FIRST Mes		Bell LAST Georgia Doye  N. S. ARMED FORCES? LIST SOCIAL SECURITY NO. 17 INFORMANT ADDRESSO.								LAST		
	no (YES.)	DECEASED EVI		MED FORCES? WAR OR DATES)		SECURITY NO			haw-	daugh	ter-	Stree- -1365	et,N.E 5 Emer	ald
BALLIMORE, MARTINING, 21201 PRIOR TO BURNAL, CREMATION, OR REMOVAL.		gave rise to cause (a) state lying cause la	any, which immediate ing the <u>under-</u>	(b)	AS A CONSE	QUENCE OF				CULAR	DIB	6ASE_		
RIAL, C	CERTIFICATION	DATE OF OPE	RATION	19b. CONDIT	ION FOR WI	IICH OPERATIO	N WAS PERFOR	RMED?					20 AUTOPSY	мо <b>Ж</b> ]
3	CAL CERT	EXTERNAL CANDERLYING		216. TIME OF HOUR A.M DEATH P.M	. MONTH D	AY YEAR	L HOW INJURY	Y OCCURRE	D (ENTER NA	TURE OF INJURY	IN ITEM 18 P	ART I OR PARI		NO N
	MEDICAL N	INJURY OCCU HILE DAT	T WHILE C	21e PLACE ( STREET, FACT	OF INJURY ( ORY, FARM, ETC.)		f. LOCATION STREET			CITY OR TOWN		cour	NIY	STATE
ST. MAN INTERNAL	A SI	220 I certify the	Accordi	ral causes X,	Accident Accident	held an A		SPECIFY)	Undeter MEDIC		er 🔲,		1-15-82	
- W	Bu	rial	PAOVAL Z	Jan . 20	111	Brook	OVE S	Cemet	ery	Layt	ons	ville	e, Md.	ATE
5))	- N/	eral director we wart/F	unera	1 Home-4	1001 E	VCV Benning	Rd. I	ASO. DATE P	2019	982 Z	25b. REGIS	STRAR'S SIG	MATURE MATE	

THE REPORT OF THE BUREAU A Maria de la compara de la co DIMPETIC APTERIOCLEMOTIC CARDIOVASCULAR DISEASE

AUGUST: P. PROSTOREZ H.D. SONO ERS URB CT. CAMP SPRINGS. MORDANA

1-15-83

officers in attending the literature of the second second

A Section of the Committee of the Commit

DHMH - 16 50M 1/81 (VRA 15, 4)

	1-	FOR STATE			DEP	ARTMENT OF		MENTAL HYG	IENE &	2	(	) 2	0 5
		REGISTRAR CEASED NAME	FIRST		WIDDLE	CERTI	FICATE OF I	JEATH	20 DATE OF	REG. N	O. MONTH	DAY YEAR	2b HOUR
	(TYPE	OR PRINT)	JOHN	T	HOMAS	STO	OKES		JANU	ARY	6	1982	11:40 a
9	3. SEX	MALE		NEGE		MONT		YEAR	6 AGE INY	EARS LAST BIR	THDAY)	MONTHS DATE	HOURS MIN
a	7a BI	RTHPLACE (STATE OR	FOREIGN	7b. CITIZEN OF		TRY? 8	ED INEVER	1984 MARRIED	9 BALTIMO	RE CITY O	R COUNT	Y OF DEATH	
1	N	EW YORK	ATU	USA		WIDOW JRSING HOME	EDX D	NORCED	PRI	NCE (		GES CO	UNTY MD
3	1	ANDAM		DOCTO	RS HO	SOTAL O	4 PG.	Cty.	(TYPE OF WOR			INDUSTRY STAR	OF BUSINESS OR
E	130. S	AL RESIDENCE (IF NURSTATE)  RYLAND  THER'S NAME	PG	TY	13c. CITY OR		13d. INSIDE C	ITY LIMITS?			มดค	JELLS LA	
7		SHIRLU		AIDDLE	Stok	ES	JE	SSI E		WIDDLE		John	SON
	()	VAS DECEASED EVER		WAR OR DATES)	16b SOCIAL	SECURITY NO.	Charle	ANT	C C	ADDRE	- Like	35	
		18 CAUSE OF DEAT PART I. DEATH W	TH (Enter onl	y one couse per	1/11	1 11 4 1	. ,	RRHA		AME	HS_1		XIMATE INTERVAL LONSET AND DEATH
		Conditions, If any gove rise to imi		DUE TO, O	RASACONS	EQUENCE OF	ALLIK	£				1	HUNDIS
		couse (a), statis underlying couse	e lost	(c)_	A	2016							YRS
	NOI	PART 2 OTHER SIGN		car B			B- Q YT			16.UL			0.
	CERTIFICATION	19a DATE OF OPERA	TION	196. COND	ITION FOR W	HICH OPERATIO	ON WAS PERFO	RMED	200 AUTO	NO [	IN CERT	S, WERE FINDI IFYING CAUSES ES []	NGS USED S OF DEATH?
1		210. ACCIDENT WAS UNI OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEA	In .		DAY YEAR	21¢ HOW IN	JURY OCCURR	RED (ENTERNA	TURE OF INJUI	RY IN ITEM IB	PART 1 OR PART 2)	
	MEDICAL	21d INJURY OCCUR		21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OF	FFICE FARM, ETC	211 LOCATH STREET	NC	1.06	CITY OR TO	WN	COUNTY	STATE
		22a I certify that			e deceosed fr	112	nd that is (my)	Sur) opinion o	deoth occurre	d on the do	ote and ha	, 19 F L	that (I) (we) lost couses stoted
		22b. SIGNATURE	Me	es	2			ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAF	F IAN 🗆	22c. DATE	SIGNED SIGNED
			SCHIS	SLER	MO		7500	CREEN			pr ·	CREEN	RELT MO
	1	SURIAL, CREMATION,  SECIETY)  UNERAL DIRECTOR	REMOVAL	11 JAN	1982	HIGHLAN	DO PAR	Cem.	Cle	PEAN			STATE
		NAME F. U.	9012 4	nu mali	is Rd ADOR	Lanhan	0 MO	JAL		982	Trass	TROSIEN	MAKE W. M.

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THE STATE COUNTY	Lpt1 a91	a large Historia	od .	Halomaga
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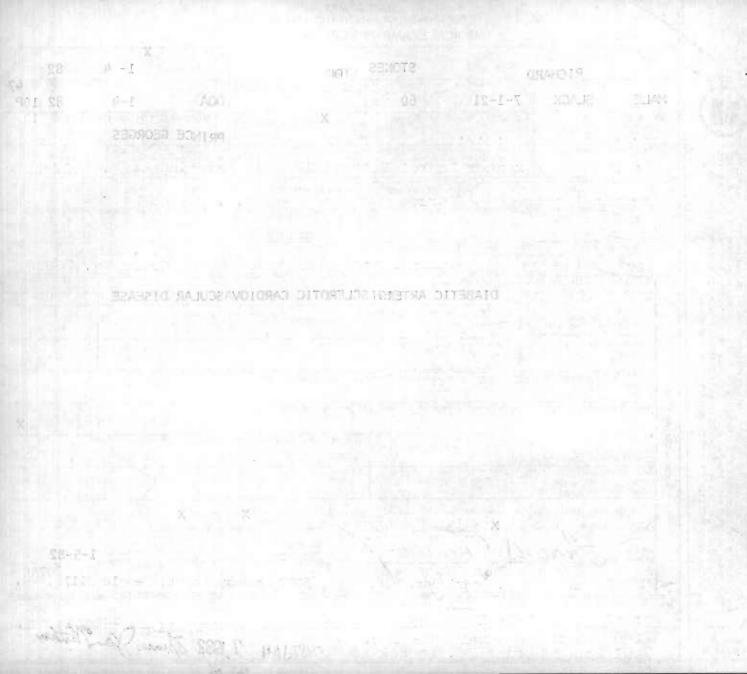
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN XT (TYPE OR PRINT) OF ESTI-STOKES 10 82 DEATH MATED 1 - 4 RICHARD 3. SEX 4 RACE S. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d. HDUR 2c. DATE YEAR 7-1-21 AST BIRTHDAY) PRONOUNCED MALE BLACK 60 10 82 10P M 76. CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED T NEVER MARRIED FOREIGN COUNTRY) U.S.A. PRINCE GEORGES Virginia WIDOWED [ DIVORCED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) MIT PAGES 1 AND 2 SHOULD #E. DIVISION OKVIDAL RECOME reater Laurel Beltsville Hosp Painting Cont Self Emp Laurel ISUAL RESIDENCE OF INNURSING THE OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3e STATE 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Virginia Nottoway NO X P.O. Box 466 Crewe M. FATHER'S NAME 15. MOTHER'S MAIDEN NAME GES 1, 2 FIRST LAST FIRST MIDDLE LAST Richard Stokes Hannah Jones FER DEA 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 7. INFORMANT ADBRESO . Box 466 (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Christine Stokes Crese Va. 23930 224-14-4210 WW Yes 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ED AS A BURIAL - TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, D IL, CREMATION, OR REMOVAL. ETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY DIABETIC ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION USED AS INER.

ICATE, WIND THE WUND.

FORWARDED TO THE CHIEF N.

TOR: PAGE 3 SHOULD BE USED /

THE STATE DEPARTMENT OF HE. 196. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES NOX 21g EXTERNAL CAUSE WAS 214 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR ING) MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME, 71d INJURY OCCURRED 211 LOCATION AT WORK NOT WHILE EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE 220 I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry X and in my apinion Natural causes Suicide Hamicide L Undetermined manner TITLE (SPECIFY) 1-5-82 Denuty SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME 5009 Rayburn Court, Temple Hills, 230 BURIAL, CREMATION, REMOVAL TIM DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) COUNTY Burial Stokes Cemetery Notto BP 14 FUNERAL DIRECTOR Laurel Funeral Home Inc. **DHMH-17** 7602 Sandy Spring Rd. Laurel Md 20707. AN (VR A15 ME (5) 15M 2/80



DE	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. NO.	0 2	0	
DDLE	LAST	20. DATE OF DEATH MONTH	DAY	YEAR	2b
	TAPP	JAN 17, 1982			8
	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDI	RIYEAR	IF U
	JUL 27, 1924	57 YRS	MONTHS	DAYS	но

3 SEX 4 RACE MALE To BIRTHPLACE (STATE OR FOREIGN COUNTRY CALIFORNIA

JAMES

WHITE 7h CITIZEN OF WHAT COUNTRY?

NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

MARRIED NEVER MARRIED WIDOWED

TYPE OF WORK FOR MOST OF WORKING LIFE MALCOLM GROW USAF MEDICAL CENTER INVESTIGATOR

17h KIND OF BUSINESS OR INDUSTRY MILITARY

USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION MARYLAND FATHER'S NAME

**GEORGE** 

IR CITY OR TOWN OF DEATH

ANDREWS AFB

FOR - STATE REGISTRAR DECEASED NAME (TYPE OR PRINT)

> PRINCE GEORGE'S TAPP

LAST

166 SOCIAL SECURITY NO

DORTHEA MAY 17 INFORMANT

15. MOTHER'S MAIDEN NAME

DIVORCED [

NEWBY

ADDRESS

FLORENCE FAYON TAPP 11405 ACCOLADE, CLINTON

9 BALTIMORE CITY OR COUNTY OF DEATH

PRINCE GEORGE'S COUNTY

MD

HART 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATEST YES

PART I. DEATH WAS CAUSED BY

553-18-1651

CLINTON

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) CARDIAC ELECTROMECHANICAL DESCRIPTION ON SET AND DEATH. Electromechanical Disassociation

70n AUTOPSY?

NO

CITY OR TOWN

YES X

13e STREET ADDRESS

CORONARY ARTERY ATHEROSCLEROSIS Artery Atherosclerosis Conditions, if ony, which gove rise to immediate OR AS A CONSEQUENCE OF ANTERIOR LATERAL MYOCARDIAL INFARCTION cause 10, stating the underlying cause

Minocardial

ATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

11405 ACCOLADE CT. CLINTON MD

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

190 DATE OF OPERATION

21d INJURY OCCURRED

230. BURIAL CREMATION REMOVAL

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR PM

21e PLACE OF INJURY AT HOME STREET, FACTORY OFFICE FARM ETC )

JAN

21f LOCATION

82

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

206 IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

STATE

NO T

220.1 certify that (1) (this haspital) attended the deceased fram. saw the deceased alive on\_

22b. SIGNATURE

82, and that in (my) (aur) apinian death accurred on the date and haur and fram the causes stated abave, (1) (we) (did) (did nat) view the bady after death

ATTENDING

MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

23d. LOCATION 1982 Arlington National WArlington, Oun Virginia

22c. DATE SIGNED

CAPT, USAF, MC SNYDER, JR

22e ADDRESS

DEGREE

23c. NAME OF CEMETERY OR CREMATORY

Burial DHMH - 16 50M 1/8!

CERTIFICATION

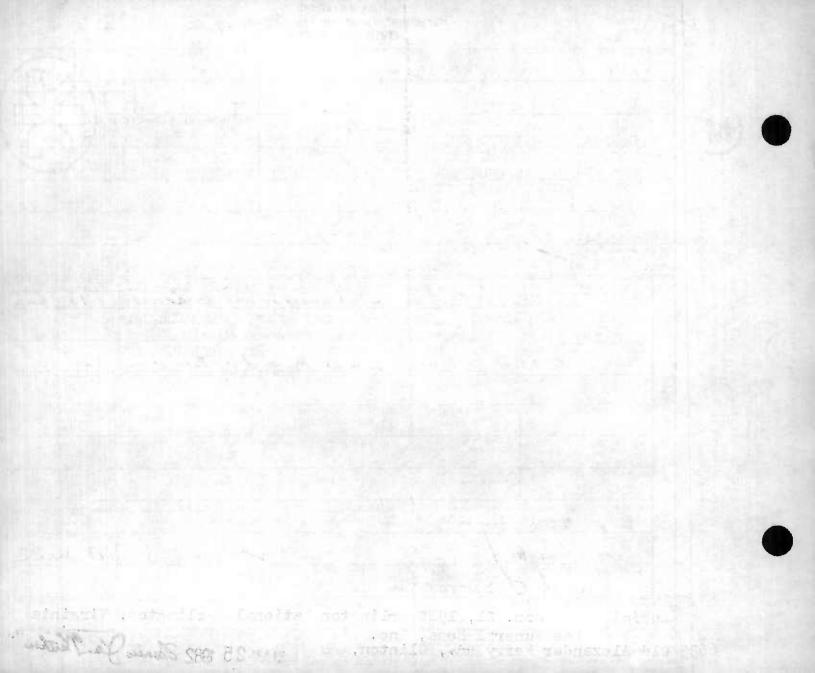
Mental Hygi

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MPORTAN

24 FUNERAL DIRECTOR Lee Funeral Home, Inc. Old Alexander Ferry Rd., Clinton, MD

Drawes SIGNA SIGNA



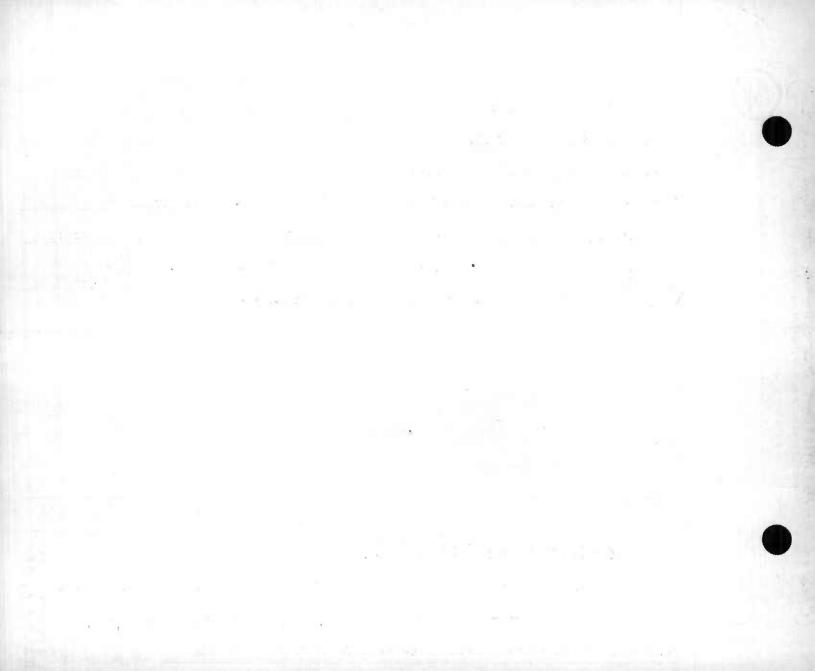
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO LAST I DECEASED NAME 2a. DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) Maude Hattie Taylor 1982 2.000 3 SEX 4 RACE 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF LINDER I VEAR # UNDER 24 HRS MONTH YEAR HOURS March 13 1914 Female. Black. Te BIRTHPLACE ISTATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED T Prince Georges County South Carolina 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Seat Pleasant 1410 Nve Street Homemaker USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
131. CITY OR TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? Maryland Pr. Geo. Seat Pleasant 1410 Nve Street YES X NO [ 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDOLE LAST Richard Neelv Beulah Garrett ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) I HE VES GIVE WAR OR DATES 579-20-4127 No Moses Taylor-Same as APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: months Adenocarcinoma of the Cecum (1-81) IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION Carcinoma of Cervix 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 1/13/81 Tumor of Cecum DIVISION OF VITAL NOV YES [ NO  $\square$ 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED FENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 80 HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d IN JURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE NOT WHILE AT WORK 228 I certify that (1) (the No. XXX attended the decayed from November 10 January 3 saw the deceased alive on \_\_\_\_ and that in (my) 100 Mapinian death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the bady after death 22b. SIGNATUR DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN A DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS should be with the Albert E. Rolle, M.D. 1140 Varnum St., N.E., Washington, D.C. 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE (SPECIFY) Burial 1-9-82 Mem. Highland Park Md

DHMH-16 20M (VRA 15, 4) 7/7B

24 FUNERAL DIRECTOR

S. WASHINGTON+SONS 4825 BURKOUCHS AVE. W.C.

250 DATE REC'D. BY REGISTRAR 256. REGISTRAP'S SIGNATURE



Robert E. Wilhelm Funeral Home

(VRA 15, 4)

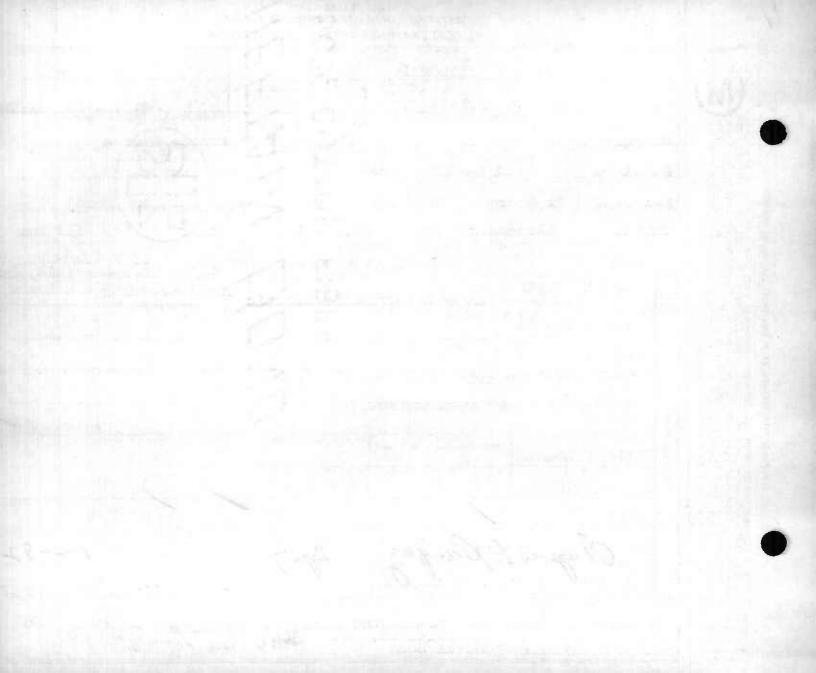
STATE OF MARYLAND

PRINCE GEORGE'S VENERAL HOSPITAL WURSTINGS - 10-12-10-41-7 - 77-12-2 

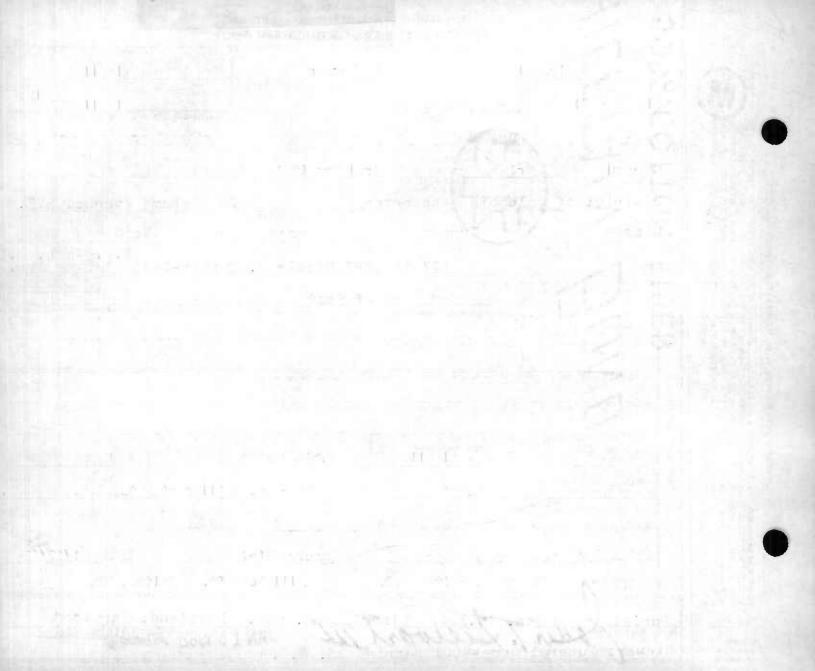
Wash. D.C. 20016

Mannac CE-11-10 T PRINCE GEORGE'S COLUMN T. U. Sve. moon told . . . . matched . . mainte Catherine U. Storen 113 6 THE THREE WAS DIE THREE THE THREE TH hubble stare, who, will, mean, h.s. enoting

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	CEASED NAME	FIRST		WIDDLE			LAST		- 2a	DATE K	NOWN		DAY	YEAR 2	h HOUR
	- CORPRINT	Lou	V	ictor	ia	To	oole			OF DEATH /	MATED	□ Ja	an 219	82	M
3. SE	X	RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEA			F UNDER 2		DATE	ED	MONTH	DAY		d HOUR
	emale	White	Nov 3,	1904	77 YE	S.	DAIS	TIOOKS .		DEAD	Ja		1982		3.4M
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I G	eorgia ITY OR TOWN C	F DE ATH	USA 11. NAME OF HOS	DITAL NILIE	SING HOME	WIDOW		DIVORCE	P	rinc	e Ge	eorge	12h KIND	OF BUILD	MD.
Sı	uitland	a a	5011 Su	itla:	neet address)	ad	EK IIVSTITOTT		FOR MO	ewif	NG LIFE)	TPE OF WORK	OR IN	DUSTRY	145 22
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14. F	ATHER'S NAME						15. MOTHER	'S MAIDEN		MID		arra .			
	nomas		exander		rod,		1	ďa		Inez			Wil	lia	ms
16a. \	WAS DECEASED ES, NO, OR UNKNOW NO	EVER IN U.S. AR/	WED FORCES? WAR OR DATES)		62 C	_	Robe:		oole	/Son	ADDRES		Trum		Dr
NOI		HIFICANT CONDITIONS	(c)CONTRIBUTING TO DEATH		100			Pa.	1 (a)						
CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDIT	ION FOR V	VHICH OPER	ATION W.	AS PERFORM	ED?					20 AUT	-	NO F
	210 EXTERNAL UNDERLYING CONTRIBUTIN				DAY YEAR	21c. HC	OW INJURY C	CCURRED	(ENTER NAT	URE OF INJUI	RY IN ITEM II	8 PART I OR P.			NO []
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23a.B	EXAMINER'S N	ON, REMOVAL 2		23c. N	AME OF CEA	ETERY OF	ADDRESSR CREMATOR	RY		ourn		SIGN	IED	STATE	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DE REGISTRAR REG. NO . DECEASED NAME O. DATE KNOWN X MONTH 7b. HOUR (TYPE OR PRINT) Michael DEATH MATED Turner 11 19 82 4. RACE 6. AGE IN YEARS | IF UNDER 1 YR. 24 HOUR 3. SEX 5. DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 10:47 DEAD Male Black Apr 1955 26 YRS 1982 P 16. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED DIVORCED Alabama Prince George's RD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 31 OTHE FIGHE MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5. USED AS A BUSHAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED. OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITAL RECORDS, 201 M. RIAL, CREMATION, OR REMOVAL. II. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Prince George's General Student Cheverly Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS of District Columbia Washington 3626 Alabama Avenue 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Dizzie MIDDLE FIRST Turner Johnnie Mae Reid 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT (YES, NO, OR UNKNOWN) 2047 Dizzie Alabama no 74 Turner-3626 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Gunshot wound of chest DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD, "PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, YES Y NO T 21a. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING X OR HOUR \*\* MONTH DAY MEDICAL 19 82 Subject shot CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME. TH LOCATION 214. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) AT WORK AT WORK 3506 28th Pkwy. Hillcrest MD. house 72s. I certify that I took charge of the cemains described above, held an Inspection ond in my opinion death resulted from Homicide Undetermined manner TITLE (SPECIFY) ACTUAL Deputy Chiefedical EXAMINER DATE 1/12/82 SIGNATURE Thomas D. Smith, M.D. EXAMINER'S NAME III Penn St. Balto. MD. (TYPE OR PRINT 230 BURIAL, CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Suitland, Maryland BP. 24 FUNERAL DIREG **DHMH-17** Home=400 Steway Funeral (VR A15 ME (5) 15M 2/80



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Items 5.6 g564 2/17/82

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the fu	10. CITY OR TOWN OF	DEATH 11. NAME OF HOSE	PITAL, NURSING HOME O		12a USUAL OCCUPATION	1 126. KIND O	F BUSINESS OR
20 s s s s s s	ANDREW	S MALCOLM NURSING HOME OR OTHER INSTITUTION GIVE	C	HOSPITAL	AUTO MECH	ANIC	
ND 24	130 STATE  14. FATHER'S NAME	136 COUNTY . 13c.	RESTVILLE	13d. INSIDE CITY LIMITS? YES NO		HURST AVE	NUE
ARYLA I within pletely nd 2 sh	14. FATHER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN NAM	MIDDLE	LAS	1
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ST., BAI	PART I. DE AT	H WAS CAUSED BY:  IMMEDIATE CAUSE (0)	Cardoc	West			
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TEN or us or us or us 21 is	saw the dec	eased applon May	151982 00	d that in (my) (our) opinion o	death agreed on the date	and hour and from the	couser stated
A ch o e e	27k SIGNATURE	er idid and not yew the body after	. September .	DEGREE		22. DATE	
2 00 4		1 Delle 1	elida	ATTENDING PHYSICIAN	MEDICAL STAFF	NO 1-11	-82
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	230 BURIAL, CREMATIC	DN, REMOVAL 236. DATE	23¢ NAME OF CE	METERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
BP DHMH - 16 50M 1/81	24 FUNERAL DIRECTO		LEDAR	HILL CEMSA DATI	SUITLAN EREC'D. BY REGISTRAR 22 M	D. P.G.	MD,
(VRA 15, 4)	FUNERAL	ROBT E WILHEL		SUITLANDIAN	1 4 1906 43	The state of the s	
	FEMBERAL	IOME RD., SUI	TLAND, MD.				

1. DECEASED		Market Land	MIDDLE	TAST		20. [	REG DATE KNOWN OF ESTI- DEATH MATED	-		76 HOUR
3. SEX	Edmur	5. DATE OF BIRTH	P.  6. AGE (IN YEAR LAST BIRTHDA	Valencia  RS IF UNDER 1 YR.  W) MONTHS DAYS	IF UNDER	24 HRS. 2c.	DATE	MONTH	DAY YEAR	2d. HOUR
Male	Filipin		-30 3/ YR	S.	HOURS		DEAD		25, 1982	2:30F
70 BIRTHPLAC	INTRY)	76. CITIZEN OF W	VHAT COUNTRY?	MARRIED NI		ED 🔲		_	ITY OF DEATH	
	pine Island	II NAME OF HO	SPITAL, NURSING HOME	OR OTHER INSTITU	DIVORC	12n USUAL	Prince OCCUPATION	TYPE OF WORK		JSINESS
Temple		3300 Les	slie Ave.			Physic	of working (IFE)		OR INDUST Medical	RY
USUAL RESIDE	113b. COU		13c. CITY OR TOWN Temple Hil	13d. INSIDE	CITY LIMITS?	13e STREET	ADDRESS Leslie	Ave.	- 2	
14. FATHER'S		MIDDLE	LAST	15. MOTH	ER'S MAIDE	NNAME	MIDDLE		LAST	
Num	eriano		Valencia	Lo	renza		5 - 7		Payao	
16a. WAS DEC (YES, NO, OR NO	EASED EVER IN U.S. AF UNKNOWN) (IF YES, GIV USE OF DEATH (Enter o	E WAR OR DATES)	578-54-97	45 EW 2		alenci	3300 Tem	Leslie Dle Hi	Ave.	
	nditions, if any, which		R AS A CONSEQUENCE C	OF.					D 181	
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ND 212	filled in ould be must be	130	AL RESIDENCE (IF NURSING HE STATE	ME OR OTHER COUNTY harle	INSTITUTION, GIVE RESIDENT PORT	PENCE BEFORE	ADMISSION)	13d INSIDE C	NO 🔀	13e STREET ADDRESS Rt.#2 BC	× 118		
MARYL	ompletely ond 2 sh		Benedict	Not			Sr.	Ro		Marie		aller	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	squires that the death certificate signed by the attending physicis. Then please remove corbon paper to buriol, cremation, or removal. njury, or other traumatic event, the	NO	PART 2 OTHER SIGNIFIC	EDIATE CAL	DUE TO, OR AS A COULE TO, OR A		NCE OF	te f	Fail at a	LESSES OR CON	DITION GIVER	Miña	MATE INTERVAL INISET AND DEATH
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4 OF VIT	g physical control from the state of the sta		210. ACCIDENT WAS UNDERLY!  OR CONTRIBUTING CAUSE  (IF EITHER, NOTIFY MEDICAL EXA	OF DEATH	16. TIME OF INJURY HOUR A.M. MO P.M.	NTH DA	Y YEAR		Tiegal	ED (ENTER NATURE OF INJU	RY IN ITEM 18, PAR	T I OR PART 2)	
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	ok Attenbri e hospital or DIRECTOR: A sched for use o Dept. of Healt		22a. I certify that (this sow the deceased of above, (we) (did) (	ve on	1/15	19 6			(our) opinion d	leath occurred on the d	ate and hour o	and from the c	
	RAL DIRE		226. SIGNATURE	es	M	^			ATTENDING PHYSICIAN	MEDICAL STA	IAN O	22c. DATE 5	182
	retoined by the TO FUNERAL E should be detoined with the Store E IMPORTANT: If		L.VIKau	finai	MID	,		22e. ADDRES	n Hill	5 Ft. Was , Marylan		סח אס:	ad
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STATE OF MARYLAND

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	1-	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE O 2 0	2 5 1 8
(IN		ORPRINT) MILDRE	D R	WATTS	20 DATE OF DEATH MONTH O	5 82 9:20P.
	3 SEX		A RACE NEGRO	S. DATE OF BIRTH  DEC 20 1906	6 AGE [IN YEARS LAST BIRTHDAY]	IF UNDER 1 YEAR IF UNDER 24 HRS
n 72 100 2		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY Prince Georges	OF DEATH
# C1	in	TY OR TOWN OF DEATH  CON	(IF NOT IN SUCH FACILITY, GIVE STREET.	ADDRESS)  and Hospital	12g USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIFE DOMESTIC-RET	12b. KIND OF BUSINESS OR
hould be	130 S MA	RYLAND P.	PROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 136 CITY OR TOW	ADMISSION)	sireeladdress Waterfor	d Dr.
ond 2 s	14 FA	THER'S NAME GEÖRGE	WA'ASTTS	LUCINDA	MIDDLE	MATTHEWS
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if permit.	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIFY	WERE FINDINGS USED //ING CAUSES OF DEATH?
iol-trons intol Hyg lem 18 st		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH DA	YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT   OR PART 2)
nd Me nd Me	MEDICAL	21d INJURY OCCURRED	216. PLACE OF INJURY LAT HOME STREET, FACTORY, OFFICE F.	ARM, ETC.)  211 LOCATION STREET	CITY OR TOWN	COUNTY STATE

TO FUNERAL DIRECTOR: After HOSPITAL OR ATTENDING should be detoched for use as with the State Dept. of Health o 220-1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on obove. (I) (we) (did) (did not) view the body after death. 22b. SIGNATUR DEGREE IMPORTANT: If He ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

22e ADDRESS

236 BURIAL, CREMATION, REMOVAL | SPECIFY) Burial 23b. DATE

23c NAME OF CEMETERY OR CREMATORY

23d. LOCATION

Brentwood

STATE

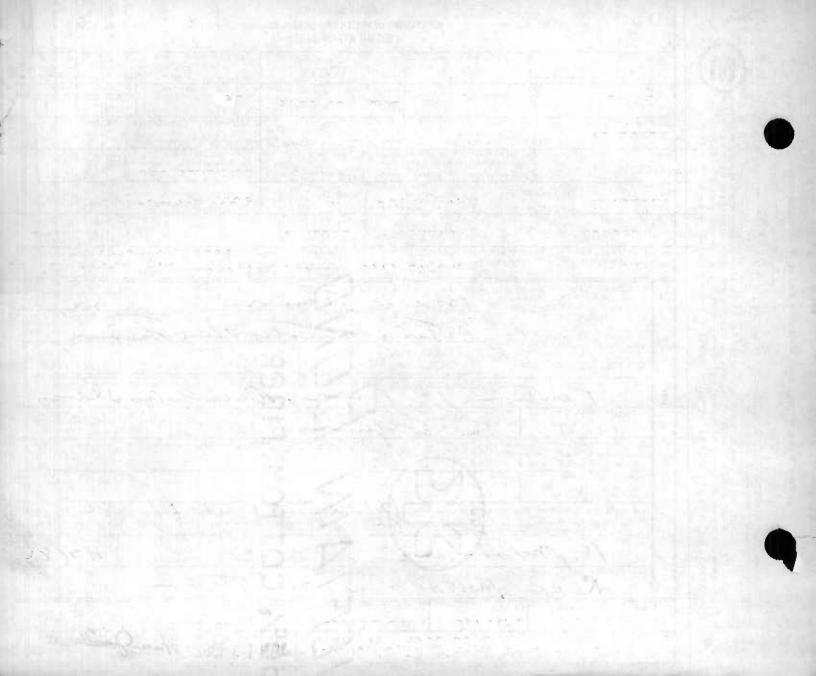
DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR 1622 llth.cst 20001. Woodford

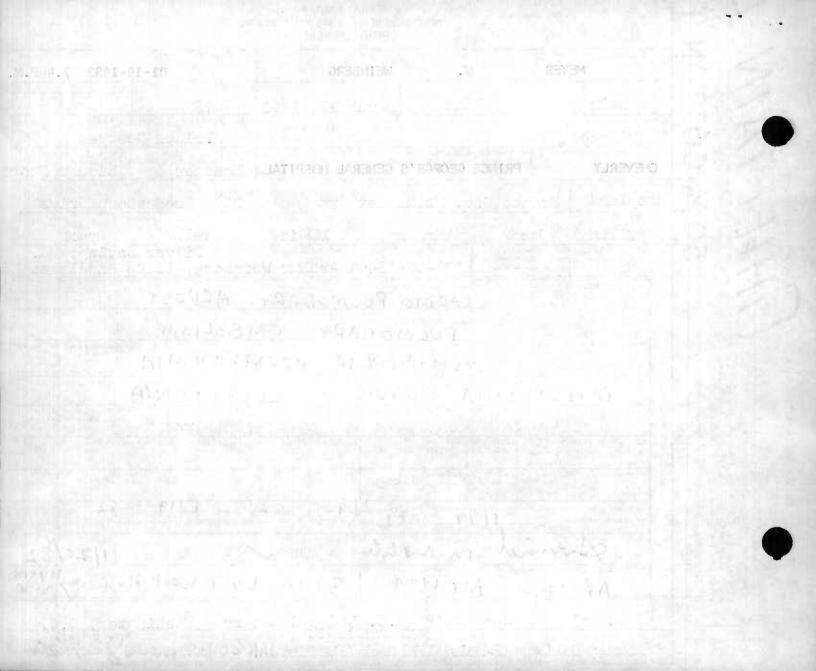
Md

22c. DATE SIGNED



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			EASED NAME FIRST		MIDDLE	- L	AST	20 DATE OF DEATH		Y YEAR	26 HOUR
2		(Inte	MEYER		W.	WEIN	BERG		01-19-	-1982	7.46P.M.
è	0.0	3. SEX		4 RACE		S. DATE O		6 AGE (IN YEARS LAST			IF UNDER 24 HRS
4.900			Male		nite		h 17, 1903		YRS		HOURS MIN.
9	917	/a BIR	THPLACE I STATE OR FOREIGN		WHAT COUNTRY	? 8 MARRIED	NEVER MARRIED	9 BALTIMORE CITY			
0 0	hin bin	Wa	shington, DC	US		WIDOWE			nce Ge	orges	MD.
201	by the filed with	CH	EVERLY	PRINCE	GEORGE	S GENE	ROTHER INSTITUTION RAL HOSPITAL	120 USUAL OCCUPA (TYPE OF WORK FOR MOS Manage)	TOF WORKING LIFET	INDUSTRY	BUSINESS OR r Stor
AND 21:	filled in tould be	13n ST		inty Lnce Ge	13c CITY OR TOV	aniei	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			
RYL	2 sh	14 FAT	HER'S NAME	MIDDLE			15. MOTHER'S MAIDEN NA	AWE.			
, MA	omple ond			acob	Weinbe	rg	Tillie	Bell	_	Hyatt	
TIMORE	n ond c		AS DECEASED EVER IN U.S. AS NO OR UNKNOWN) (IF YES, G	RMED FORCES?	577-05		A Arthur W	SY? einberg:	ver S <sub>1</sub> 15128	oring, Middl	Md. egateR
ST., BALI	g physicio an papers emaval event, the		8 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	ED BV.		nd (c)	LMONARY				ATE INTERVAL SET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN. The low requires that the deoth certificate be executed within 24 haurs	e attending mave carbo nation, arre fraumotic		Conditions, if ony, which gove rise to immediate		OR AS A CONSEOL			MBOLIS	M,		
on W. F	ed by the slease re rial, cren ar ather		couse (a), stating the underlying cause lost.	(c)_		ICUL		HYTHM	MIA		
ORDS, 2	en signe or to bur y injury,	TION	MYEST	HENI	A GED	PAVIS			NIA	N IN PART 110	
AL REC	Z daws on	CERTIFICATION	DATE OF OPERATION	196 COND	PITION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?  YES NO	IN CERTIFYI	WERE FINDING NG CAUSES O	S USED F DEATH?
OF VIT	certificate certificate virial-fronsitental Hygi Item 18 sh		10. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE			AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN.	URY IN ITEM 18 PAR	1 1 OR PART 2)	
NO PHYS	Or ottending After this cer e as the buria bith and Ment marked or Ite	A.	1d. INJURY OCCURRED  WHILE NOT WHILE T WORK	21e. PLACE	OF INJURY REET, FACTORY, OFFICE,		211 LOCATION STREET	CITY OR I	OWN	COUNTY	STATE
ATTENDI	TOR: for us of He	1	20.1 certify that (1) (this hasp saw the deceased alive or above, (1) (we) (did) (did no		19 10	82.on	that in (my) (our) opinion	death accurred on the	dote and hour a		ot (I) (we) lost uses stoted
AL OR	y the hosp RAL DIRECT detached f ate Dept. o		2b. SIGNATURE	nd	MM	A selection	EGREE ATTENDING PHYSICIAN	MEDICAL ST.	AFF ICIAN	1/20	1-
O HOSPII	TO FUNERAL DIRECTOR FOR Should be detached with the State Dept.		2d. PHYSICIAN'S NAME (TYPE	DI	NEHT	A	3700	East w		ghna	HYAHS
-	BP	(SP	RIAL, CREMATION, REMOVAL Burial				METERY OR CREMATORY  Lodge Ceme  11e, Md.   250. DA	23d. LOCATION CITY OR TOWN TETY Wa	shingt	county	. C
DHA	AH - 16 50M 1/81 (VRA 15, 4)		ieral director n <b>zansky-Goldbe</b>	erg Chap	els; TT7	Rockvi Rock	ville Pike J	N 26 1982	R 25h REGISTRA	RE SIGNATUR	



STATE OF MARYLAND

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FOR - STATE

STATE OF MARYLAND

		REGISTRAR				CERTIF	ICATE OF DEATH	REG.	NO		
		CEASED NAME	FIRST		MIDDLE	L	AST	20 DATE OF DEATH		DAY YEAR	26 HOUR PM
	(110		azel	Lilli	an W	VELCH		January	3,198	32	10:55 M
	3. SE	X		4 RACE		S. DATE C		6. AGE (IN YEARS LAST		IF UNDER 1 YEAR	IF UNDER 24 HRS
		Female		white	2	Oct		65	YRS.	MONTHS DAYS	HOURS MIN.
	7a. B	IRTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNT	TRY? 8	D	9 BALTIMORE CITY		Y OF DEATH	
7		Maryland		U.S	5.A.	WIDOWE	D MEVER MARRIED DIVORCED	Prince	George	e's	MD
	10 C	ITY OR TOWN OF DE	ATH	11. NAME OF	HOSPITAL, NU	RSING HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPA	ATION	12b. KIND C	OF BUSINESS OR
3	La	nham		Doctor	HEACILITY, GIVES	ital of	Pr. Geo. Co	Waitre			aurant
	USU.	AL RESIDENCE (IF NUR	SING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE B	SEFORE ADMISSION)				) itcs c	durant
5		aryland	Cha	rles	La P		13d INSIDE CITY LIMITS? YES NO	Box 121		roline	Drive
5	14 FA	ATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NA				2220
56		Arthur		WIDDLE	Wenk		Mary	Lill		Ne.	vitt
-		WAS DECEASED EVER		MED FORCES?	16b. SOCIAL S	SECURITY NO.	17. INFORMANT	ADD	RESS L	a Plat	
人	,	NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	217-3	-6852	Margie Wel	ch-P.O.	Bex 1	211	20646
		18 CAUSE OF DEAT	H (Enter on	ly one couse per			^ .				MATE INTERVAL ONSET AND DEATH
		PART I. DEATH V	VAS CAUSE		robabl.	e Suba	wachword he	morrhage		4	8 hours
		2021	MANEDIA								7 1300
		Conditions, if any	, which		MULTID		on-A			10	years
		gove rise to imi	mediate		R AS A CONSE			1001			-
		underlying couse		(6)	N AS A CONSE	GOENCE OF					
	100	PART 2 OTHER SIG	NIFICANTO	ONDITIONS CO	NTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CO	NDITION GI	VEN IN PART 10	
	O	Chranic		IAL Fail							
2	CERTIFICATION	190 DATE OF OPERA				ICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20th IF YE	S, WERE FINDIN	IGS USED
<	E	12/17/	81	REP	AIR OF	FAISE	ANCUYSM	YES NOT		FYING CAUSES	OF DEATH?
2	GE	21a. ACCIDENT WAS UN		210. 111.12	FINJURY M. MONTH	DAY VEAD	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18	PART 1 OR PART 2)	
1	AL	OR CONTRIBUTING		UR .		DAY YEAR					
	EDICAL	21d INJURY OCCUR	RED	21e PLACE			211 LOCATION	CITY OR	TOWN	COUNTY	STATE
	Σ	WHILE NOT WE	RK	(ALHOME SIN	EET FACTORY OFF	ICE, FARM, ETC.)	SIRCEI	CITTOR	TOWN	COUNTY	SIAIC
		22a.1 certify that (1)	(this hotpin	ottended th	e deceased fro	m_ 12	116 19.81		3	1982	that (I) (we) lost
		saw the departs	2 alive on	1 3	ofter death	9 82 on	d that in (my) (our) opinion	death accurred on the	date and has	ur and from the	couses stoted
		22s SIGNATURE	1	The state of the s	oner deom.		DEGREE			22c DA/TE	SIGNED
	2.5	(,8	1 a	UN	and	1	ATTENDING PHYSICIAN	MEDICAL ST	AFF	1/4	1/82
		274 PHYSICIAN'S N.	AME (TYPE O	R PRINT)		70	22e ADDRESS	3 2 1 2 1	icirii L	1//	
		Pol	-CA	K			4700 AU	TH Place	= C1	AMPS	PRINKS
	23a B	BURIAL, CREMATION,	REMOVAL	236 DATE	12	23c NAME OF CI	EMETERY OR CREMATORY	23d LOCATION	-	1,1,1	
		Burial		1-7-1	982	Trinit	y Mem. Gare	lens Wald	orf,C	harles	METATE

BP.

TO FUNERAL DIRECTOR:

MPORTANT: If Item 21 is morked or Item 18 shows any injury, or other troumatic event, the medical exami

shauld be detoched for use as the burial-transit permit. Then please remove corbonpope with the Stote Dept. of Health ond Mental Hygiene priar to burial, cremotion, ar removol.

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

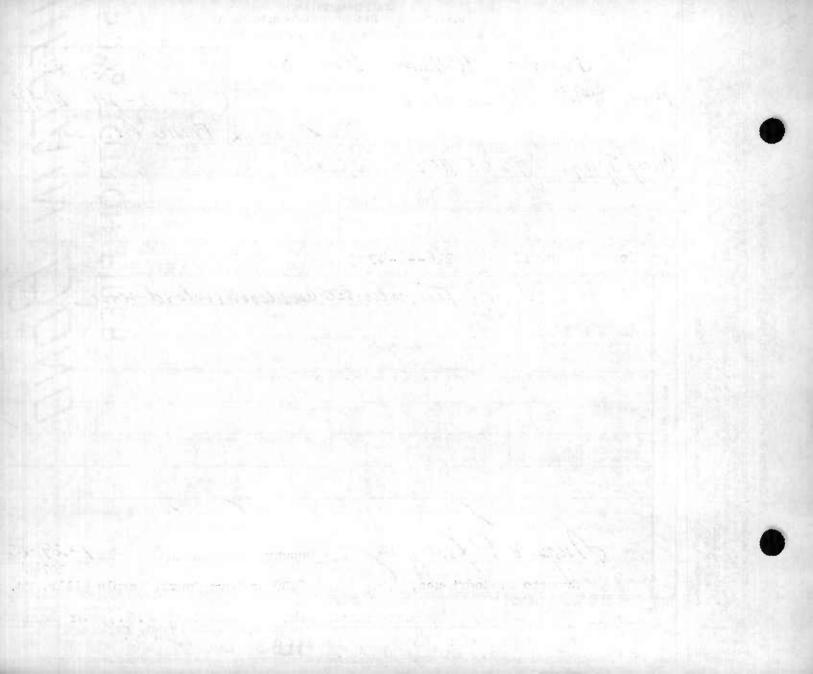
Funeral Home La Plata, Md. 206

211 Stars Mary's Ave.

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

14 V5 Chartelf pl • 3 . C. 14-05 for Patricia 157 12-05-1115 Systemate Stranger Manual States THE PARTY OF THE P Chapland, Proble the training was valued a Carle Conf. Chaplan repart unamalione () a Miete. I d. combulli () a combultation

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			REGISTRAR		MEI	DICAL E	XAMIN	ER'S CER	RTIFICA	ATE OF	DEATH	PEG	. NO.			
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	35 at 45 10 +=	(TYF	E OR PRINT]	OSEP.	h h	Vellia	m	Wes	1, 0	Sr.	DE	F ESTI-			1982	
1557	ACESE.	3. SE)	14. RAG	E 5. 0	DATE OF BIRTH		6. AGE (IN YEA	RS IF UNDER	R YYR. IE	UNDER 24		ATE	MON	TH DAY	YÉAR	2d_HOUR
	2300	10	Tale I'm	alle "	11-16	-27	60 YR	MONTHS		IOURS M	IN PRON	OUNCED EAD	1-0	79	82	IP.
	ERAL		RTHPLACE (STATE OR	7b.	CITIZEN OF WH	AT COUNT	RY?	8 MARRIED	☐ NEVER	R MARRIED		TIMORE CIT	TY OR COL	UNTY OF	DEATH	
	東京大学		Maryland			USA		WIDOWED		DIVORCED	X /	rine	e 176	inge	Same?	MD.
	おおは日日	10,5	TY OR TOWN OF DE	ATH 11.	NAME OF HOS	PITAL, NUR		OR OTHER	NSTITUTIO	DN 12	USUAL OC	CUPATION	(TYPE OF WO	RK 12b KI	ND OF BU	SINESS
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100	# ANY DEL AND 3 TO RETAIN P SHOULD BE I RECORDS	130 S	L RESIDENCE (IF IN HU TATE	RSING HOME OR OT	HER INSTITUTION, GI	13c. CITY (	DRITOWN	134.	. INSIDE CITY I	LIMITS? 13	e. STREET AD	DRESS				
6	★美麗古典 (		Md.	PG		Camp	Spri	ngs Y	ES 🗌 1	NO DI	1608	Allen	town	Roa	d	
9	TARSE.	14. F/	ATHER'S NAME		IDDLE			15.	MOTHER'S	SMAIDEN						
9	88 8 8 7 (O)		Thomas	Wal		Wes	AST -		FIRST			MIDDL€		Owen	LAST	
9	200	160. V	VAS DECEASED EVER	IN U.S. ARMED	FORCES?	16b. SOCI	AL SECURITY	NO. 17.	INFORMAL	NT 7 A	110 17	il 1888			Ft.	
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2	MITH WITH DIVISI							, be	osepi	II W	West	, Jr.	, 50			Md.
	SE S		18. CAUSE OF DEAT PART I DEATH W			for (a), (b),	0	4		,	1.	1	1.	BETA	PROXIMATE VEEN ONSET	AND DEATH
Z	V 24 HO N ITEM I ALONG TO PERM YGIENE		11000	IMMEDIATE C	AUSE (1)	1	grell		(a)	ICULZ!	eleses	ularc	use	228		
STS	A P P P P P P P P P P P P P P P P P P P		4272		DUE TO, OR	AS A CONS	EQUENCE O	F								
	EA ANS		Conditions, if a		(b)									411		
3	SEE SEE	1	cause (o) stoting			AS A CONS	EQUENCE O	F								
201	CUTED WITHIN 24 HOU W. IN PENCIL IN ITEM 18 E. EXAMINER ALONG W RAL - TRANSIT PERMIT VD MENTAL HYGIENE, I I'ON, OR REMOVAL		lying cause last.		(6)									33.		
SO	XECU JG. II AND ATIO		PART 2 OTHER SIGNIFICAN	T CONDITIONS CONT	RIBUTING TO DEATH	BUT NOT RELAT	ED TO THE TERMI	AL DISEASE DRI	CONDITION OF	IVEN IN PART 1	(A)					
DIVISION OF VITAL BECORDS, 201 W. PRESTON ST.	NULD BE EXECUTED  "PENDING" IN REPORTED  SED AS A BURNAL  THEAITH AND MI  AI, CREMATION,	Z						THE O'SERSE OR '	CONDITION OF	TEN IN TAKE						
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2	古る当れる事人	Ĕ													res 🗆	NO F
>	WO WO	1 8	210. EXTERNAL CAU	SEWAS	216 TIME OF			ZIc HOW	INJURY O	CCURRED (	ENTER NATURE	OF INJURY IN ITE	M 1B PART 1 OF			110
N N	A H O O H O O O O O O O O O O O O O O O		UNDERLYING CONTRIBUTING	OR CAUSE OF DEA			DAY YEAR									
181	PRICE	MEDICAL	21d INJURY OCCUR	RED	ZIE PLACE C	OF INJURY	(AT HOME,	211 LOCAT								-1-
20	E. THIS CERTIFICATE SHOULD TE, WRITING THE WORD "PEI RWARDED TO THE CHIFF M I: PAGE 3 SHOULD BE USED A STATE DEPARTMENT OF HEA O), 21201 PRIOR TO BURIAL, C	¥	WHILE NOT AT W	WHILE	STREET, FACT	ORY, FARM, ETC	)	STREET	T		CITY	R TOWN		COUNTY		STATE
	R: TH VIE, V PRW R: P/ E ST/ D, 2		220 I certify that	tank charge of	the remains less	cribed obov	e held on	Autopsy (	n le	nspection [	lng.		and in my	veninion		
	L EXAMINER: E CERTIFICATE DULD BE FOR L DIRECTOR: H, WITH THE S		death resulted from			Accident	Suid		Hamicide		Undetermine			y opinion		
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	<b>₩</b>	100	ACTUAL OF	usun	8 7	Luci	week	/	TITLE (SPEC				DA	TE /	-29	-82
	2 F F F F F	1	SIGNATURE	1	1/	1	4 8	M.D	Dept	uly	MEDICAL E	XAMINER	SIG	NED	207	1.0
	W DEN	4-	EXAMINER'S NAME	Vigueto	P Rods	and	, M.D.		500	00 B	-1	0	m	7 - 773	207	40
	TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE TO FUNERAL DIRECTO AFTER DEATH, WITH TI BALTIMORE, MARYLAIL	20.										Court,	1 emp	Te H	LIIS,	Md.
	-mr-40	23e.B	URIAL, CREMATION, R				AME OF CEM				3d LOCATIO	7	D 0	OUNTY	STA	ATE T
	BP	14.5	Burial	12	-3-82	Re	surre	cion			CIIn	ton,	٢٠٠٠	, ма	гута	na
	DHMH - 17	24. P	NAME RECTOR	obt E	Willes	m 4	308 S	uitla	ndi	DAIE REC	1982	TRAB 25b R	J. C.	AMENAI	UKb	
	(VR A15 ME (5)) 15M 2/80	F	uneral H	ome	Wilhest Rd.,	Suit	land,	Md.	kl	B 8	1304		100			
	13/11/2/00															



	1	tem #5 per pho	ne call					xaminer	Notified
	1.	FOR 1/26/82 ro		DEPARTA		EALTH AND MENTAL HYC	REG. N	0	A Con 4
m 5		CEASED NAME FIRST	W. S. L.	MIDDLE	i	AST		MONTH DAY	YEAR 26 HOUR
deot		Mildr		C.		atley	Jan. 22,		11:25
	3 SE	x emale	Caucas	sian /	S. DATE C	1894 22, 1984	6 AGE (IN YEARS LAST BIR	MONTHS YRS	ER LYEAR IF UNDER 24 HRS
(M)	Ma	RTHPLACE (STATE OR FOREIGN COUNTRY)	U.S.A.	WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED D	Prince G		
900 m		ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	or other institution venue	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST C Clerk	ION 12b	KIND OF BUSINESS OR DUSTRY Fed
must be	13a.	AL RESIDENCE (IF NURSING HOME OF STATE 136 COL	Geo.	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Clinto	N	13d. INSIDE CITY LIMITS? YES X NO (	13e STREET ADDRESS 8811 Old		
ond 2 sh	14. F/	Theodore B.	Middlet	WAY THE		IS. MOTHER'S MAIDEN NA Amanda Py	ME	22 011011	LAST
Pages 1		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (1F YES.	RMED FORCES?	166 SOCIAL SECU 214-32-		17. INFORMANT			ry Knoll
n signed by the attend Then please remove co to burial, cremation, o injury, or other frouma	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost  PART 2. OTHER SIGNIFICANT	(b)	ONTRIBUTING TO D	NCE OF		NNAL DISEASE OR CON	DITION GIVEN IN	PART IIO
if permit.	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?  YES NO		E FINDINGS USED CAUSES OF DEATH?
certificate rial-transit ental Hygi tem 18 shu		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR A	DE INJURY .M. MONTH DA .M.	Y YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR	R PART 2)
h ond Mr rked or	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET FACTORY, OFFICE FA	ARM ETC )	211 LOCATION STREET	CITY OR TO	wn co	DUNTY STATE
for use of Health		220.1 certify that (1) (this has sow the deceased alive a above, (1) (we) (did) (did r			, or	nd that in (my) (our) opinion	death occurred on the de		, that (I) (we) last from the causes stated
NERAL DIRE be detached e State Dept TANT: If Item		Reful C	lu ,	(u)			MEDICAL STAI	FF	11-2281
TO FUNERAL should be det with the State		RAFAEL	C. LE	E		9410 Bia		121 Clin	ndon med
P			Jan. 25	, 1982	Chri	emetery or crematory st Church C	en. Clint	on, PR.	GEO NO
VRA 15, 4) 663	3	oneral director Lee	runeral r Ferr	Home Rd ADDRESS C	inc.	on, MD JA	N 25 1982	PANCES	ENAL BUTTON

Cardo can Toy 22 Jane C assistant continues and a section of the street a light or the first of the second and the second mother E . Worthis . The Break Strain Side 170 Care Central The classic Alexander Francisco, Carlon, Ch. (AN 25 1982 Element)

DHMH - 16 50M 1/81 (VRA 15, 4)

- STATE

REGISTRAR

17h. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE)
Homemaker Home 11305 Shirl Court Reede ADDRES 3503 Cornell Rd Fairfax. YBAN PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [] 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED Feb 2,1982 St. Mary's Cemetery Burial Cumberland Lee Funaral Jone Old Alexander Ferry Rd Clinton, Md

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2b HOLIR

IF LINDER 24 HRS

1982

IF UNDER LYEAR

ADA: C CAPA , NE -- , LEGIL anamod partm agired Ir. See. Eliter - w 11305 birt Court Talet . Mally 2503 Cermell Id Series of the control of the netal land 2, 2032 St. come 's a concern and colored

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME MIDDLE LAST 20. DATE OF DEATH MONTH DAY 2b HOUR TYPE OR PRINTI HELEN 01-25-82 3:00PM WHEELER 4. RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) 3. SEX IF UNDER ! YEAR IF UNDER 24 HRS MONTH DAY YEAR Female Black Mar 28,1911 70 To BIRTHPLACE I STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED PRINCE GEORGE'S USA D. C. WIDOWED DIVORCED K ID CITY OF TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY PRINCE GEORGE'S GENERAL HOSPITAL CHEVERLY Retired None USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13a STATE 13c. CITY OR TOWN 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? Md Hvattsville 3508 54th Avenue YES X NO F 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Thomas Harper Ruth Turner 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No 578-18-9977 Mrs. Alfreda Woodson/daughter/3508 54th Ave. #1, Hyattsville, Md. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: INFILTRATING SOUAMOUS CARCINOMA OF LUNG IMMEDIATE CAUSE (0)\_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which (b) BRONCHO ESOPHAGEAL FISTULA gave rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11/18 CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 710. ACCIDENT WAS UNDERLYING 21h TIME OF INTURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21e. PLACE OF INJURY 211 LOCATION 21d INJURY OCCURRED CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a L certify that (1) (this haspital) attended the deceased from sow the deceased alive an\_ and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated obove, (1) (we) (did) (did not) view the body after death. 226. SIGNATURE DEGREE 22c. DATE SIGNED

hould be detained

prior

à

be Mental Hygiene burial-transit

DHMH - 16 50M 1/81 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL 23h DATE (SPECIFY) Burial

23c. NAME OF CEMETERY OR CREMATORY

Harmony Memorial

22e ADDRESS

BERWYN RD 23d LOCATION CITY OF TOWN

QIRECTOR PHYSICIAN

COLLEGE PARK MD. 20740

STATE

1-29-82 24 FUNERAL DIRECTOR

MUSHTAG A. SHAH MD

ADDRESS John T. Rhines Co., 3015 12th St., N.E. D.C

PHYSICIAN

ATTENDING MEDICAL

Landover

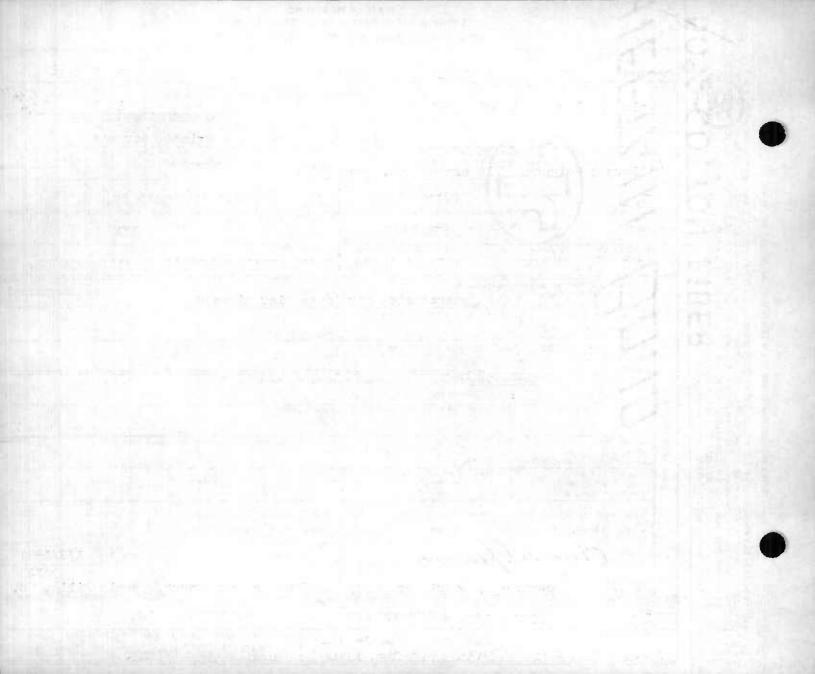
antlesses

HOTEZS-12 STOREN .J Kalan LATTERER LISES 21 STRONG SWIRT YURSYS-O THE LITERATING SURMOUS CARCINOMS OF LLICE 4713 ESELVA RD, COLLEGE PARE ID. 20749 MAZ-TAG V SIMILAR

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1	+0	1-	FOR STATE		DEPARTMENT OF HEALT	MARYLAND H AND MENTAL HYGIENE	02627
d		1 68	REGISTRAR CEASED NAME	FIRST	PARADIE	CERTIFICATE OF DEATH	REG. NO.
	Walable				DAVID WHIG	GUM 26. DATE	ESTI- 1-12 62
1	HOEE A	3. SE)	( 4.RAC			INDER I YR. IF UNDER 24 HRS. 2c. DAT	
	(義態)	M	ALE WH	TTE Feb. 19,	1946 . 35 YRS.	NTHS DAYS HOURS MIN. PRONOL	JNCED COLLEGE
	W PERMIT	ď	RTHPLACE ISTATE OR DREIGN COUNTRY)	U.S.A.	VHAT COUNTRY? 8. MAR WIDO	RIED NEVER MARRIED	MORE CITY OR COUNTY OF DEATH
	AY IS AGE AGE 2017	13	elts vill.	e 4403	OSPITAL, NURSING HOME, OR OT FACILITY GIVE STREET ADDRESS!		UPATION ITYPE OF WORK U.S. IND OF BUSINESS ORKING (IFF) Office
.21201	AND 3 TO RETAIN PELOLID BE RECORDS,	Ma i	ryland	Prince Geo.	Beltsville	13d INSIDE CITY LIMITS? 130. STREET ADD	est Caroline Avenue
BALTIMORE, MD. 2120	JUSS AFTER DEATH. IF SOME THE PAGES 1, 2, WITH FORM PM 3. F. PAGES 1 AND 2 SOME PAGES 1 A		ATHER'S NAME VIIIIAM	M. MIDDLE	higgum	15. MOTHER'S MAIDEN NAME Vernell	MIDDLE Unknown LAST
IMO	PAGE ORAN ON ORAN	16a. V	VAS DECEASED EVER	IN U.S. ARMED FORCES?	166. SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS
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DIVISI	S CERTING RDED PE 3 SH TE DEP/	MEDICAL	21d INJURY OCCUR WHILE DOT AT WORK AT W	WHILE STREET, FA	OF INJURY (AT HOME, 21f Let CYPY, FARM, FTC.)	STREET 3 West Corrol	The Au. Rets ville STATE
•	TO MEDICAL EXAMINER: THI EXECUTE THE CERTIFICATE, W PAGE A SHOULD BE FORWA TO FUNERAL DIRECTOR: PK AFTER DEATH, WITH THE STAT BALTIMORE, MARYLAND, 212		220 I certify that death resulted from ACTUAL SIGNATURE	I taak charge of the remains do	escribed abave, held an Auto	, Inspection , Inquir Hamicide , Undetermined r TITLE (SPECIFY) Deputy MEDICAL EXA	DATE 1-22-87
	MEDIC KECUTE 1 AGE 4 S D FUNEI FTER DE/ ALTIMOK	-	EXAMINER'S NAME (TYPE OR PRINT)	Augusto I. No	The state of the s		ourt, Temple Hills, Md.
	BP	230.B	URIAL, CREMATION, P	23b. DATE 1/26/82	Orange Hill	Cemetery Hawkins	ville Pulaski Ga.
	DHMH - 17 (VR A15 ME (5) )	<sup>2</sup> Fi	ancis Gas	ch's Sons Fune , Maryland	ral Home, P.A.	JAN 2 7 1982	

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STATE OF MARYLAND

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of stays	25/1		P.s	P. Pun	est .
bostrer		watered page	nit= fillionill ico		Francis Constitution

STATE OF MARYLAND

5. DATE OF BIRTH

Dec.

WIDOWED

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

13c CITY OR TOWN

Hayes

DUE TO, OR AS A CONSEQUENCE OF

HOUR A.M. MONTH DAY YEAR

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21b. TIME OF INJURY

21s. PLACE OF INJURY

Bellmeade

166 SOCIAL SECURITY NO

579-18-6203

"PIGH EXTENDED CARE FACILITY

Cesso Aclereli

CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TI

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

DEPARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH

MARRIED NEVER MARRIED

22e ADDRESS

TLSON	20 DATE OF DEATH	MONTH		2h HOUR
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OF BIRTH	6 AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS
c. 1, 1900	8		MONTHS DAYS	HOURS MIN.
D NEVER MARRIED DIVORCED	9. BALTIMORE CITY OF			Y
E FACILITY	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Ret. Cle	OF WORKING LI		F BUSINESS OR
13d. INSIDE CITY LIMITS? YES 🔼 NO 🗌	13e STREET ADDRESS 7412-A11	ison	St.	ation
Mary FIRST	E.	Ľ.c.	For	man
17 INFORMANT	ADD	314-	Inwood	St.
Thierry J.	Wilson C	heve	rly, M	d.
<u> </u>	7 29			
cular ac	(Son)		APPROXI BETWEEN	MATE INTERVAL DNSET AND DEATH
	codent	erdie	APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH
ular ac	codent	erdie	APPROXI BETWEEN (	MATE INTERVAL INSET AND DEATH
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tec hyperlivascular	ensur ce disease		BETWEEN	INSET AND DEATH
NOT RELATED TO THE TER	ensur ce disease	DITION GIV	BETWEEN	ONSET AND DEATH
NOT RELATED TO THE TERM	ECCOLENT  ENSUR CL  ALLERA CON  MINAL DISEASE OR CON  200 AUTOPSY?  YES \( \) NO \( \)	20b. IF YES	ZEN IN PART I TO	ONSET AND DEATH
NOT RELATED TO THE TER	ECCOLENT  ENSUR CL  ALLERA CON  MINAL DISEASE OR CON  200 AUTOPSY?  YES \( \) NO \( \)	20b. IF YES	ZEN IN PART I TO	NGS USED OF DEATH?
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NOT RELATED TO THE TERM N WAS PERFORMED  216. HOW INJURY OCCUR	CICCLENT CONTROL CONTR	20b. IF YES IN CERTIF YE	PER IN PART 110  5, WERE FINDIN  YING CAUSES  S COUNTY	AGS USED OF DEATH?

by th completely filled in 1 and 2 should be rs. Poges medico to buriol, Then pleo prior permit. and Mental Hygiene for use as the burial-transit of Health and Mental Hunia 80 21 is morked or DIRECTOR should be detoched with the State Dept.

FOR

REGISTRAR DECEASED NAME

TO BIRTHPLACE (STATE OR FOREIGN

Jacob

Conditions, if ony, which

gave rise to immediate couse (o), stating

underlying couse lost.

PART 2 OTHER SIGNIFICANT

210. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

NOT WHILE

sow the deceased alive on,

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

190 DATE OF OPERATION

(YES, NO OR UNKNOWN)

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

10 CITY OR TOWN OF DEATH

CHEVERLY

MARIE

1136 COUNTY

4. RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

Pr. Geo.

MIDDLE

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)

IMMEDIATE CAUSE

White

7h. CITIZEN OF WHAT COUNTRY?

U.S.A.

H.

- STATE

(TYPE OR PRINT)

Female

COUNTRY est Va.

13a. STATE

CERTIFICATION

MEDICAL

Md.

4. FATHER'S NAME

3. SEX

MPORTANT: If Hem BP. DHMH - 16 50M 1/81 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL 23b. DATE Burial 1-18-82 Arlington Nat.

22a I certify that (1) (this hospital) attended the deceased from

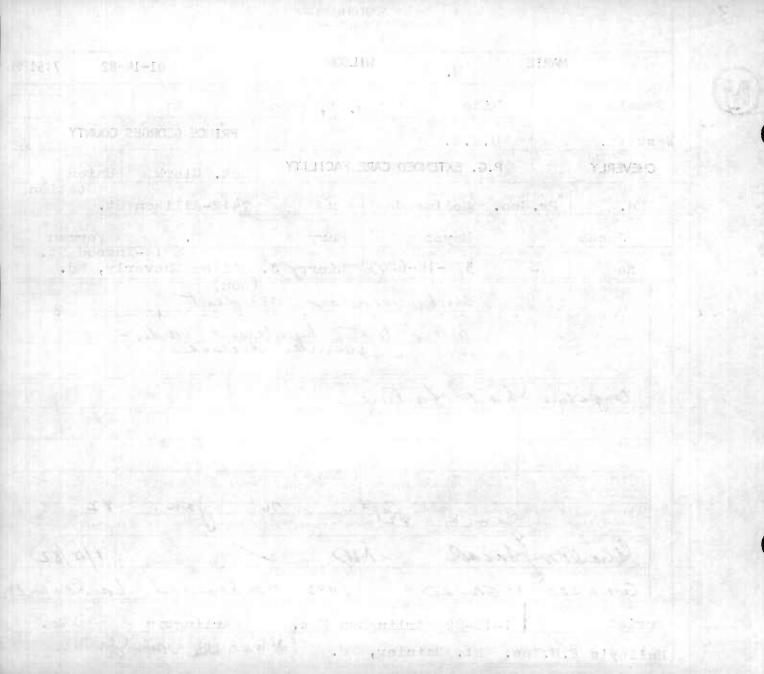
above, (1) (we) (did) (did not) view the body after death

Landoner Rd. Landoner y 231. NAME OF CEMETERY OR CREMATORY

Arlington

Va.

24 FUNERAL DIRECTOR Mt. Rainier, Md. Nalley's F.H. Inc.



	REGISTRAR ECEASED NAA YPE OR PRINT)	AE FIRST		MIDDLE		LAS:	र			2e. DATE OF	KNOWN ESTI-	, NO.	ONTH	DAY YEAR
SE SE	The Gardinary	MURI	RAY	L.		WI	LSON			DEATH	MATED		1	1 19 82
3. St	EX	4. RACE	5. DATE OF BIRT		6. AGE (IN YEARS LAST BIRTHDAY)			UNDER	24 HRS.	2r. DAT	E	MO	HIM	DAY YEA
10.0 ( USL) 13.0 (	nale	white	May 23		70 YRS.	MUNIHS	DATS	DURS	MIN	DEA	D	1	1	1 1982
7a.	BIRTHPLACE (	STATE OR	76. CITIZEN OF	WHAT COU	NTRY? 8.	MARRIED	M NEVER	MARRI	ED 🗆	9. BALTI	MORE CIT	Y OR CO	OUNTY	OF DEATH
D/B	looming	gton, Ill.	USA		1	WIDOWED		OVORCI		Prin	ce Ge	eorge	e's	County
100	CITY OR TOWN	OF DEATH			URSING HOME, (	OR OTHER	INSTITUTIO	N			UPATION ORKING LIFE)	(TYPE OF W	VORK 121	OR INDUS
4	Cheverl	У	Prince	George	e's Gen.	Hosp	ital		Re	t. Re	stau	rant	OWI	ner
USU 13a	JAL RESIDENCI STATE		E OR OTHER INSTITUTION,				I. INSIDE CITY I	IMITS?	13e STRI	EET ADDE	RESS			
55	Md.	136. COU	G. Co.	Hya	ttsville	) Y	YES 🖾 🛚	NO [	710	7 Bri	ldle :	Path	Lar	ne
14.1	FATHER'S NAW		MIDDLE		LAST	15.	. MOTHER'S		NNAME		MIDDLE			LAST
4	Will		100	Wils			Mae						larti	ln
160.	(YES, NO, OR UNKN		VE WAR OR DATES)		CIAL SECURITY		INFORMA							
	No	None			'-26-5 <b>1</b> 70		Alma I	. W:	ilso	n-wii	fe 71	07 B	ridl	le Pat
	18 CAUSE	FATH WAS CALLS	only one cause per li				71.5			17.0		9711		BETWEEN ON
A P	01	, IMMEDI	ATE CAUSE (a) G			of he	ad (u	nspe	cifi	ed w	eapon	1)		
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		o) stating the <u>under</u> ouse last.	DUE TO, C	OR AS A CO	NSEQUENCE OF		M							
	lying co	iuse last.	(c)											
Z	PART 2 OTHER	iuse last.				AL DISEASE OR	CONDITION GI	VEN IN PAR	(T 1 (a).					
ATION	PART 2 OTHER	iuse last.	(c)	TH BUT NOT REL					T I (a).					20 AUTOPS
TIFICATION	PART 2 OTHER	suse last.	(c)	TH BUT NOT REL	LATEO TO THE TERMINA				T 1 (a).					20 AUTOPS
CERTIFICATION	lying co	SIGNIFICANT CONDITION OF OPERATION  IAL CAUSE WAS	(c)	TH BUT NOT REL	LATED TO THE TERMINA	TION WAS		D?		NATURE OF II	MJURY IN ITEM	m 18 PARI 1		YES 🛣
2 8	PART 2 OTHER  19a. DATE C	SIGNIFICANT CONDITION OF OPERATION  IAL CAUSE WAS	(c)  19b. CONTRIBUTING TO DEA	TH BUT NOT REL  DITION FOR  OF INJURY  M. MONTH	ATEO TO THE TERMINA  WHICH OPERAT  H DAY YEAR  -31-19 81	ION WAS	PERFORME	D?	) (ENTER N		MJURY IN ITEM	M 18 PART 1		YES 🛣
	lying co PART 2 OTHER  190. DATE CO 210. EXTERN UNDERLYIN CONTRIBUT 214 INJURY	SIGNIFICANT CONDITION  FOPERATION  IAL CAUSE WAS  G	(c)  19b. CONTRIBUTING TO DEA	TH BUT NOT REL  DITION FOR  OF INJURY  M. MONTH	ATEO TO THE TERMINA  WHICH OPERAT  H DAY YEAR  -31-19 81	21c. HOW Sub	PERFORME INJURY OF	D?	) (ENTER N		1.3	m 18 PART 1	OR PART 2	YES K
2 8	lying co PART 2 OTHER  190. DATE CO 210. EXTERN UNDERLYIN CONTRIBUT 214 INJURY	SIGNIFICANT CONDITION  FOPERATION  IAL CAUSE WAS  G XOR  ING CAUSE OF	19b. CONTRIBUTING TO DEA  19b. CONI  21b. TIME HOUR A F DEATH 0:45	TH BUT NOT REL	ATEO TO THE TERMINA  R WHICH OPERAT  H DAY YEAR  - 31-19 81  Y 1 1-10-00E.	21c. HOW Sub 211. LOCAT	PERFORME INJURY OF	D? CCURREI Was	Shot	CITY OR TO	1.3		OR PART 2	YES X
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May 23,1911

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Jun J. 1 2 Pert Lincoln Centrer Color Monte. Fd.

Lee Funeral Hore 300-bit State of The State

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 26 HOUR 5:15p.A IF UNDER I YEAR 9 BALTIMORE CITY OR COUNTY OF DEATH Prince George's County 17h KIND OF BUSINESS OR INDUSTRY Own Home Maddox ADDRESS 5024 Nicholes Road Waldorf, Md. 22 mm/L

DHMH - 16 50M 1/81 (VRA 15, 4)

F. Gasch's Sons F.H. P.A. Hyattsville, Md.

name

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR (Type or print) Manth 011in 1982 Wonniemaker 9:10# January 3. SFX 4. RACE S. DATE OF BIRTH 6. AGE (in years 1F UNOFR | YEAR IF UNDER 24 HRS. HOURS last birthday) Black Sep 29,1918 Male 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State ar foreign 9. COUNTY OF DEATH 8. MARRIED [29] NEVER MARRIED country) S. C. USA WIDOWED DIVORCED Prince George's 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR INDUSTRY give street address) during most of working life, even if retired.) carbon Riverdale Leland Memorial Hospital 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER executed 13b. COUNTY YES 🗔 NO Md Mt. Rainer 4224 31st Street In any 14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Last Willie Wonniemaker Hattie Clemons ond requires that the death certificate 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na, ar unknawn) [If yes give war or dates of service] removal No 577-26-4907 Mr. Oliver Wonniemaker/son/same as 13e APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND OFATH PART I. DEATH WAS CAUSED BY: CPARENT NR cremotion, or IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-tronsit p Canditians, if any, which gave AJIUD rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) COPD Page 4 moy be retained by the haspitol or ottending FUNERAL DIRECTOR: After this certificate has been 3 should be detoched for use os the with the State Dept. of Health prior ta 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a. DATE OF OPERATION 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO | 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) PM 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark at wark 10\_19 £ L, and that in (my) our) opinion deoth occurred an the dote and hour ond from the saw the declared give on TON causes stated obaye. (1) (we) (did) (did na) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED STAFF director, page 3 should be filed v DEGREE 1-26-82 PHYS DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Typi Jeffrey Kelman, M. D. 6525 Belcrest Road, Hyattsville, Md. 20782 23a. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (Caunty) REMOVAL (Specify) Burial 1-30-82 0 Harmony Memorial Landover, Md. 24. FUNERAL DIRECTOR ADDRESSO15 12th St 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 45M - 1/69 DATE

MARYLAND STATE DEPARTMENT OF HEALTH

	11	FOR STATE			DEPARTMENT OF I	HEALTH	AND MENTAL	HYGIENE	2	0 2	0	3 -4
1	, -	HEOISTRAR		ME	DICAL EXAMIN	ER'S	CERTIFICATE O	OF DEATH	REG.	NO		
L		CEASED NAME	FIRST		MIDDLE		LAST	2e. D	ATE KNOWN		DAY YEA	R 75 HOU
13	(TY	E OR PRINT)	ANCIS	W. YOU	NG JR.				OF ESTI-		8 1,82	
	3. SE			DATE OF BIRTH	6. AGE (IN YE	RS IF UN	DER 1 YR. IF UNDE		DATE	MONTH	DAY YE	
ı			/.	MONTH DAY	YEAR LAST BIRTHDA			MIN. PROI	NOUNCED			1727
ļ					1925 56 YE	S.			DEAD	Jan	8 1,82	
	7a B	RTHPLACE (STATE OR REIGN COUNTRY)	/	b. CITIZEN OF WI	HAT COUNTRY?	8. MARR	ED NEVER MARE	DIED N	ALTIMORE CIT		Y OF DEATH	
	M	aryland		U.S.A.		WIDOW			G. Cou	inty		ME
į	10. C	TY OR TOWN OF DE	ATH I		PITAL, NURSING HOME	, OR OTH	IER INSTITUTION	120. USUAL C	CCUPATION	TYPE OF WORK	126 KIND OF OR INDU	BUSINESS
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1	USU	L RESIDENCE (IF IN N	URSING HOME OR C	OTHER INSTITUTION GI	VE RESIDENCE BEFORE ADMISSIO	ON)		-			HOME	
l	13a. S	Md.	P.G.		13c. CITY OR TOWN		13d INSIDE CITY LIMITS?	GOT PEET 6	Oth ar	Te		
F	A.F.		1		FAIRMOUNT HO	217			0011 0			
J	14. F	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAID		MIDDLE		LAST	
		FRANCIS	9.5	JNG SR.				SPENCE				
	16a. \	VAS DECEASED EVE	R IN U.S. ARME	D FORCES?	166. SOCIAL SECURITY		17. INFORMANT		ADDRE			
	14	YES	WW2		219-16-1	113	LOUISE	SMITH	SAME	AS 13	BE	
		18. CAUSE OF DEA	TH (Enter anly	ane cause per line	for (a), (b), and (c).)	1 -					APPROXIA	ATE INTERVAL
	99	PARTIDEATH	WAS CAUSED B	3Y:	more Co	ALL	welmer	Jilma	elup a	luca	BETWEEN OF	NSET AND DEATH
2	75	4911	MMEDIATE		1081100 04		or concell li	100/10/1	ca colo	01-62 9	0	
	100	1160		DUE TO, OR	AS A CONSEQUENCE C	)F	V		1		1000	
	-	Canditions, if gave rise to		(b)					4/			
ı		couse (a) statin		DUE TO, OR	AS A CONSEQUENCE C	)F						
ı		lying cause last	1.								1 1 1	
		BART 2 OTHER CICHIELE	NT COMPLETIONS CO.	/ (c)								
	7	TARE 2 OTHER SIGNIFICA	INT CONDITIONS CON	MIKIKUTING TO DEATH	BUT NOT RELATED TO THE TERMI	NAL DISEAS	E OR CONDITION GIVEN IN P.	ART 1 (a)				
	CERTIFICATION											
I	CA	19a DATE OF OPER	MOITA	196. CONDIT	TION FOR WHICH OPER	ATION W	AS PERFORMED?				2D AUTOP	SY?
	E E										YES [	NO
3	E	210 EXTERNAL CAL		216. TIME OF		21c. H	OW INJURY OCCURR	ED (ENTER NATURE	OF INJURY IN ITEM	18 PART I OR PAR	1	
)		UNDERLYING	OR CAUSE OF ST		MONTH DAY YEAR							
	)C	CONTRIBUTING 21d. INJURY OCCU			DF INJURY (ATHOME.	1216 100	CATION					
	MEDICAL	WHILE DIO	T WHILE		FINJURY (ATHOME,		STREET	CITY	OR TOWN	COU	NTY	STATE
		WHILE NO AT V	WORK							,		Tar Gill
				f she constituted	Abadahan kui			7	. 1			
					cribed abave, held on	Autap			quiry [_],	and in my api	nion	
ı	14.5	death resulted fra	m: Natural	causes   ,	Accident L., Sui	cide 🔲	, Homicide .	Undetermin	ed monner	١,		
j	P.		New.	16 X1	V	1	TITLE (SPECIFY)				, 0	- 50
	-	SIGNATURE	14900	10 /-4	tally	AA	Depu	ITY MEDICAL	EYAMINED	DATE	1-8	-01
3	-	September 1	//	1	11 0			MEDICAL	EXAMINER	SIGNE	7	0748
	-	EXAMINER'S NAME	Alibusto	P Rode	iguez, M.D.		ADDRESS 5009 R	auhurm	Court	Temple	_	
V.										Tembre	HILLE	, Ma.
	23a.B	JRIAL, CREMATION,			23c. NAME OF CEA			23d. LOCAT	ON	COUN	TY	STATE
		Burial	1.	-12-198	2 HARMON	Y CI	EMETERY	LANDO	OVER M	d	44.4	
	24 F	JNERAL DIRECTOR					25e. DATE	REC'D. BY REG	ISTRAR 256 RE	GISTR R'S	GNATA	TRANSIN .
		NAME		ADDRES!	1925 Burro	ugh	s Ave JA	N 12 19	182 On	nees y	and ma	0
	_ 11_	S Washi	ngton	&Sons_			JA	1, 10				

STATE OF MARYLAND

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LAND 21201	in 24 hours o	ly tilled in by should be tiles
AORE, MARY	executed with	and complete
ST., BALTIA	milicols be	g physician angapen. P
PRESTON	the deoth ce	the attending
CORDS, 201 W.	v requires that	een signed by t
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be exercited within 24 habit after death. Page 4 may be retained by the haspital or attending physicion.	TO FUNERAL DIRECTOR. After this certificate hos been signed by the attending physician and completely littled in by the future. For the should be detached from use of the burden format. Then please remove contrangent Propers, and 2 should be that the first of the second of the seco
•	TO HOSPITAL OR ATT	TO FUNERAL DIRECTO

10	1 -	FOR STATE REGISTRAR	(	PARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYGI FICATE OF DEATH	ENE 8 2	02035
age 3 death		CEASED NAME OR FIRST	MIDDLE	Y	ounes Younes	20 DATE OF DEATH MONTH	62 LA M
(mim)	3 SE	X	4 RACE	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTHOAT)	MONTHS DAYS HOURS MIN.
(M)		emale	White	Nav.	1 1897	£4 YRS	
	70. BI	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8 MARR	EDXX NEVER MARRIED	BALTIMORE CITY OR COUN	TY OF DEATH
de de de		nezuela	U.S.A.	WIDOV	VED DIVORCED	Ph Goo	MD.
11 1/4	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, C		OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR INDUSTRY
11 XI		everly	Pr. Geo. Ho.	spital		Housewike	
completely filled in thy I and 2 should be file	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE		OR TOWN		13e. STREET ADDRESS	
2 2 1	D.		Wasi	rington	YES NO 🗆	4808 Kansas Au	Jonus N.W.
10 AA	14 FA	THER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAIDEN NAM	E WIDOLE	LAST
1 6 601		Charles	Dos		Futin		Nimnum
11 13		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOC	IAL SECURITY NO.	17. INFORMANT	ADDRESS	
	No		577-8	84-3051	George Younes	Husband san	ne as 13
h certifican dina physic orthonologic or removal		18 CAUSE OF DEATH LEnter of PART 1. DEATH WAS CAUS	only one couse per line far (o)  ATE CAUSE (a)  DUE TO, OR AS A CO	AMICIAL	enhanced accida	nt with extension	APPROXIMATE INTERVAL  RETWEEN ONSET AND DEATH  3 NUMBER
by the attentace control of the cont		Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CO				
en signed en signed Then ple prito burit	NOIL	Arteriusclerutic W	out disease. co	retru utvoj	It. emphasemu	hal disease or condition g	
ion.	CERTIFICATION	190 DATE OF OPERATION		WHICH OPERATION	ON WAS PERFORMED	YES NOW IN CERT	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \( \text{NO} \)
g physici g physici entificate rial-transi entol Hygi tem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MON	NTH DAY YEAR	21¢ HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM 18	8 PART I OR PART 2)
offending of the control of the cont	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTOR		21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
pital or TOR Af for use of Healt		22a I certify that (I) (this hosp saw the deceased alive a above (I) (wa) (did) (did)		10 42	and that in (my) (sor) opinion de	eath occurred on the date and hi	our and fram the causes stated
NAL OK A by the hos retached tote Dept.		226. SIGNATURE  POWLIM	Henry W	Villelm		MEDICAL STAFF DIRECTOR   PHYSICIAN	224 DATE SIGNED
etoined by TO FUNERA should be de with the Stot			Wilhelm, M.			is Rd. Hyattsvi	lle, Mr.
BP	(	urial, cremation, remova specify) Burial	Jan. 19, 1982	! Glenwo	cemetery or crematory od Cemetery	Washington	COUNTY D.C. STATE
HMH - 16 50M 1/81 (VRA 15, 4)		NERAL DIRECTOR Franc O University B	is J. Collins lvd.,W. Sili	nooress ver Sprin	g, Md. JAN	REC'D. BY REGISTRAR 236. REGI	SMAR'S SIGN

NN 21 972 June 18 18 18